

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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goes up to
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**An OBE for
Joe Wright**

**Kenneth Clarke,
Parliamentary
adviser, PSGB,
talks to C&D**

**Mechanism
of drug
interactions**

**NEW SERIES
Pharmacists'
NHS contract**

Smith & Nephew Limited

ANNOUNCEMENT

With effect from 3rd January, 1978, Smith & Nephew Ltd will take over responsibility for the sales, administration and distribution of two major product types from Smith & Nephew Pharmaceuticals Ltd. These products are:

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CHEMIST & DRUGGIST

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7 January 1978

COMMENT

More than a new face

The new look *C&D* which makes its appearance this week is the latest part of a continuing programme of development in the service offered to subscribers and advertisers.

First of the changes is a larger (A4) page size—an option made economic when *C&D* began printing by off-set lithography last September. Then there is the new typography which we believe will make it easier for readers to identify all those items of particular interest to them—especially in the Trade News and New Products areas where *C&D* has a much broader and more up-to-date coverage than any other journal directed to the retail pharmacist.

The new look, while important, is only the "outward face" of *C&D*'s developments, however. In the coming months a number of additional features in the commercial, business and professional areas will become a regular part of the editorial content. This issue, for example, has the first of a new Open Shop series (this was formerly contributed by an individual retail pharmacist under the pen name E. C. Tenner). For the new column we have gathered a panel of independent, multiple and Co-operative pharmacists, representing different types of business and located so as to provide countrywide coverage. They will write in turn about current problems as seen from "grass roots" and are being asked not only to reflect their current trading position, but to include some of those "niggles" which normally fail to make our pages because sufferers perhaps regard them as too minor or isolated to make "national issues".

But it will not be all one way traffic: *C&D* will be providing plenty of opportunity for top marketing executives and others from the industry to help retail pharmacists to help themselves. In the commercial world of the High Street there is never room for complacency and he who does not continually seek to improve his service to the consumer or patient is certain to lose out to those who do. As the leading professional and trade weekly, *C&D* provides the ideal platform for interchange of such views, information and advice.

This week, too, we have the first of a series on the NHS contract probably one of the most ill-understood topics in pharmacy. With the enthusiastic support of PSNC we are attempting to make the contract terms easier to digest by dealing with them in small bites and clearing up some of the more commonly held misconceptions as we go along. We start with the subject of activity sampling.

Interviews with people in the news and with leaders of the profession and industry will become a more regular part of *C&D*'s editorial. In this issue, we talk to Kenneth Clarke, MP, the recently appointed Parliamentary adviser to the Pharmaceutical Society of Great Britain.

The changes in *C&D* Price Service are not so radical, but again there is the determination to ensure its supremacy continues to provide those behind the counter in the UK with the latest price information in the most accessible form. Some innovations are also planned for the *C&D* Directory—revised layouts and new sections that will further expand its usefulness to all.

To sum up, *C&D* is stepping into 1978 with renewed resolution to further the prosperity of pharmacists in all branches of the profession and the industry. It is not going to be an easy year for the researcher, manufacturer, wholesaler or retailer, but *C&D* believes there exists a will to succeed—and we are determined to play our full part in achieving that success!

New Year honour for Joe Wright

Mr Joseph Wright, secretary and director, National Pharmaceutical Association, was awarded the OBE in the New Year Honours list published last week.

Qualifying in 1941, Mr Wright was engaged mainly in retail pharmacy until he joined the staff of the National Pharmaceutical Union in April 1948; a year later he was appointed an assistant secretary and, in 1955, deputy secretary.

He became secretary and manager of the NPU group of organisations in October 1961 and director of the NPA group in January 1971. He is a member of the board of directors of NPU Holdings Ltd, NPU Ltd (trading as NPA services), and Independent Chemists Marketing Ltd.

Mr Wright was called to the Bar (Middle Temple) in 1952, is a Fellow of the Institute of Chartered Secretaries and Administrators, and is on the panel of Fellows of the Pharmaceutical Society. He is a member of the Poisons Board, the Standing Pharmaceutical Advisory Committee of the NHS Central Health Services Council, the Pharmaceutical Society's general practice subcommittee, the National Chamber of Trade's board of management and its legislation and taxation committee. He is adviser to the Pharmaceutical Services Negotiating Committee and chairman, Trade and Professional Alliance.

Married to a pharmacist, Mr Wright has four children all with university degrees. He is to celebrate his 61st birthday this Saturday.

A CBE was awarded to Dr Alfred Spinks, FRS, research director, Imperial Chemical Industries Ltd. Dr Spinks was deputy chairman, pharmaceuticals division 1966-70 and is still chairman of its production policy group.

Knights

Also honoured in the New Year list were: Professor William J. H. Butterfield, Regius professor of physic, University of Cambridge, and chairman of the Medicines Commission (Knight Bachelor); Mr Peter Seligman, former chairman, APV Holdings Ltd (Knight Bachelor for services to export); Dr William Davey, president, Portsmouth Polytechnic (CBE); Mr John B. Boyd, head of trade affairs department, ICI Ltd (OBE); Mr Charles N. Thompson, president, Royal Institute of Chemistry (CBE); Mr Robert Maclean, manufacturing director, Polaroid (UK) Ltd (OBE for services to export); Mr Antony R. Pippard, technical director, Photo Technology Ltd (OBE); Mr Leslie E. S. Seeney, director general, National Chamber of Trade (OBE); Mr John B. Waggott, director, International Medical Supplies and Services Ltd (MBE).



An OBE for Joe Wright

Increase in dispensing doctors during 1976

The number of dispensing doctors in England increased by 48 in 1976 to 2,555 after showing an apparent levelling off in 1975. The figures are reported in the Health and Personal Social Services Statistics for England 1976 (HM Stationery Office, £6).

The number of prescriptions dispensed by chemists and appliance contractors in England, in 1976, increased by 3.7 per cent to 292,638,000 at a net ingredient cost of £343.3m, an increase of £78.5m on 1975.

Prescriptions for drugs acting on the central nervous system were the largest group, 73 million, but this was a decrease of 2 million on 1975 figures. The cost also decreased from £49m to £46m. The most expensive group of drugs was that for the treatment of malignant diseases, as the average cost per prescription was £5.50. Drugs for the cardiovascular system cost the NHS the most, £50.4m.

The number of pharmacies in contract with Family Practitioner Committees decreased to 8,966 in 1976 compared with the 1975 figure of 9,143. The number of drug stores in contract with FPCs was 33 (41, 1975) and appliance contractors 879 (926).

There was an increase in the number of service cases involving the pharmaceutical services to 52 (40 in 1975). A breach

of contract was found in 42 cases and decisions to withhold remuneration were taken in 13 cases; in two of these, amounts of £250 and over were withheld, in two £100 to £249 was withheld and in nine cases under £100 was withheld.

The cost of national health and personal social services was £6,441m in 1975-6 compared with £4,763m in 1974-75, of which £333m was accounted for by the pharmaceutical service, 5.2 per cent of the total, the same percentage as in 1974-75.

Jail sentences for three pharmacists

Three pharmacists pleaded guilty at Middlesex Crown Court on December 2, 1977, to obtaining sums of money from the NHS by deception and were sentenced to imprisonment for 12, nine and six months respectively. The amount of money involved was said to have resulted in a loss of £4,000 to the NHS. Mr Chunilal Patel, a proprietor pharmacist from Wembley, had been given prescription forms for fictitious patients by Dr Bhatt, a senior registrar at Peterborough Hospital. Other fraudulent prescriptions, from Northwick Park Hospital, were given to Mr Chunilal Patel by Dr Bhatt, although these were signed by a doctor who has since left the country. Dr Bhatt, who was sentenced to 18 months imprisonment, also gave fraudulent prescriptions to Mr Suresh Patel, a proprietor pharmacist in Leicester. He and his assistant pharmacist, Mr Manu Patel, later submitted these prescriptions for payment to the pricing authority as had Mr C. Patel.

The offences came to light when Northwick Park Hospital noticed that a large number of prescriptions were being dispensed at Wembley, a different area of London. The sentence of Mr C. Patel was reduced to six months as he had endeavoured to make amends by paying back £2,000 to the NHS. Mr Suresh Patel was sentenced to 12 months and Mr Manu Patel to six months. In mitigation, counsel on behalf of the defendants stressed their good characters and frank pleas of guilty. All, said counsel, had lost their professional and social standing.

China visits

There are now to be two trips to China organised by Mr Mervyn Madge, member of the Pharmaceutical Society's Council (*C&D*, November 12, 1977, p734). The first, June 4 to 24, will be concentrating mainly on northern China and the second, October 22 to November 12, will be mainly in the south. Both will start from Peking. Any pharmacist or doctor who is interested should contact Mr Madge, 1 Saltburn Road, St Budeaux, Plymouth.

Registration fee rises 'official'

Higher registration and rentention fees for pharmacies came into force on January 1. The Medicines (Pharmacies) (Applications for Registration and Fees) Amendment (No 2) Regulations 1977 (HM Stationery Office, SI 1977 No 2077, £0.10) amend the 1973 Regulations increasing the registration and rentention fees in England, Wales and Scotland from £17.50 to £21 and in Northern Ireland from £13 to £13.50. The penalties for failure to pay retention fees is also increased, to £13 in England, Wales and Scotland and £11.50 in Northern Ireland.

Shopex windows

Following the success of the national Silver Jubilee window display competition at Shopex 1977 the organisers, Westbourne Exhibitions, have decided to make this an annual event. The theme of the 1978 competition, to be sponsored by the Shop & Display Equipment Association, will be "Breakaway" and will cover travel or holidays. All retail outlets will be able to enter, with the opportunity of winning a first prize of £100 and a trophy. The closing date is May 22 and visitors to Shopex International will again be asked to judge entries that reach the final. Entry forms will be available from Westbourne Exhibitions, Crown House, Morden, Surrey SM4 5EB.

Bed rest query

Bed rest is not necessarily an essential part of treatment, says the latest *Drug and Therapeutics Bulletin*. The bulletin reviewed the value of bed rest in varying conditions and found that refractory oedema, venous ulcers and some other conditions of the leg were the only ailments which justified a deliberate policy of bed rest. Otherwise, the bulletin suggests that the degree of rest be determined by the patients' feelings. Bed rest encourages depression and apathy as well as venous thrombosis, hypostatic pneumonia and bed sores. When taken in a hospital bed, it is also very expensive.

Guarantee code

Proposals for a general code of practice on guarantees have been sent to consumer and trade representatives in a consultative paper by Mr Gordon Borrie, director general of the Office of Fair Trading. According to Mr Borrie, complaints about guarantees are numerous and in general were from consumers finding the benefits fell short of expectations.

Mr Borrie says he does not think new laws are the answer. The paper suggests:

- When the word "guarantee" is used

in advertisements, it should disclose any basic limitations such as duration, "parts only" and exclusions of any major component.

- The guarantee document should be easy to read and understand, and should state clearly: duration; products or parts covered or excluded; name and address of guarantor; procedure for presenting a claim; remedies which the guarantor undertakes to provide; whether it is necessary for the consumer to complete and return a registration card.

- There may be advantage in adopting the United States practice of dividing guarantees into two categories—"full" and "limited".

Charges for NHS hosiery

The Pharmaceutical Services Negotiating Committee says a printer's error occurred in their *NHS Newsletter* 5/77 sent to contractors in December 1977. Under the heading "Table of charges payable," the third line should have read: "50p for each below knee, above knee or thigh stocking."

From January 1, FP10 orders for the Ventolin Rotahaler have attracted a prescription charge of 20p. When Ventolin Rotacaps and Rotahaler are ordered on one form the charge to the patient is 2 x 20p.

Per return journey	A*	B
Up to and including 5 miles each way	229	121
Over 5 and up to 10 miles each way	435	318
Over 10 and up to 15 miles each way	644	528
Over 15 and up to 20 miles each way	850	734
For higher mileage	21p per mile (42p per return mile)	19p per mile (38p per return mile)

A. Delivery of set and cylinders or replacement set (p).

B. Delivery of cylinders (when not in conjunction with a set); collection of set and cylinders at end of treatment; second journey to collect set and cylinders at end of treatment when first journey was ineffective (p).



Mr Tom Nixon MPS (left), Bridlington, North Humberside, studying a brochure describing his prize of a holiday in Tenerife, with Farley Health Products' regional manager, Mr Eric Garner (centre), and Vestric Hull branch manager, Mr Norman Harrison. Other pharmacists to win a holiday to Tenerife were Mrs Marion Read, Clitheroe, Lancs, and Mrs E. M. Evans, Powys, South Wales. The holidays were prizes in a Complan competition.

Scottish forms cypher change

The cypher used to identify forms used by general medical practitioners in Scotland is to be changed from EC to GP. Old stocks of forms will be used up and the change made at the next reprint of each form.

In Scotland, in 1976, 34.49 million prescriptions were dispensed at an average cost per person on a GPs list of £10.72. This represented an average of 6.3 prescriptions per person. Figures for 1975 were 32.28 million, average cost £8.66 for 6.1 prescriptions per person. At December 31, 1976, 1,163 pharmacies were open (1975, 1,194) and there were 2,800 pharmacists on the register (2,959). *Scottish Health Statistics 1976, HMSO, Edinburgh.*

Oxygen rates up

Revised rates of delivery allowances for the Scottish domiciliary oxygen therapy service have been approved. These rates apply from May 1, 1977, and replace the corresponding rates set out in the memorandum to NHS Circular No 1977 (PCS) 29 issued in June 1977.

Payment at the revised rates starts with prescriptions dispensed on November 1, 1977. Arrears will be paid as soon as possible.

More demand for cosmetics and toiletries predicted

The sluggishness in trade demand for cosmetics and toiletries during the April to June quarter in 1977 had its origins in consumer demand trends rather than in any overstocking. This means that when consumer demand recovers the manufacturers can expect to feel the effects quickly. The Cosmetics and Toiletries Preparations Review for that period shows that price inflation was edging up again and the downturn in demand bottoming out. John Hogston Associates Ltd, who prepared the review, feel the indications that demand for cosmetics and toiletries will again be showing real growth trends and say that if it has not already happened in the July to September quarter then it is probably occurring now.

Sales to the trade of all cosmetics and toiletries topped the £400m mark in the 12 month period to June 1977—the actual figure was £403.459m at msp, an increase of 13.1 per cent over the preceding 12 months. According to the Department of Industry, the cosmetic and toiletry price index was up by 14.6 per cent; there was therefore a small volume decline of about 1.5 per cent. Because this is only 65 per cent of the volume fall recorded in the previous quarter the overall situation can be said to be improving.

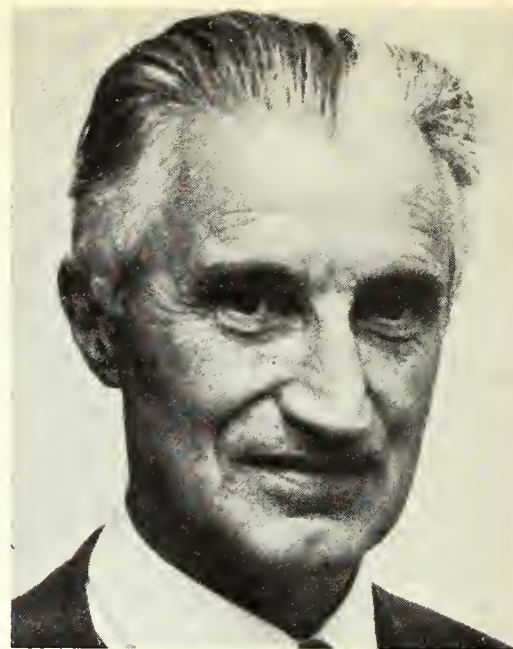
The most buoyant segment of the market was once again women's fragrances. Sales to the trade amounted to £97½m at msp—an increase on the corresponding year ago level of just over 25 per cent. Prices went up by 17 per

cent but the reviewers believe that to regard the difference between the two figures as an indication of real growth would be misleading because of the many new product introductions. Expenditure on advertising was probably pushed up for the same reason; during the 12 month period it reached £7¼m, an increase of 27 per cent over the year-ago figure.

Men's toiletries were only beaten into second place by a small margin. Sales amounted to £33.640m at msp, up on the year before by 23.4 per cent. Prices went up by 13.4 per cent but, as with women's fragrances, new brand activity conceals true growth levels. Third in the buoyancy stakes in this market is the shampoo category. Trade demand reached £27.7m at msp showing an increase on year-ago levels of a little over 17 per cent. Prices rose by 18 per cent so there was a marginal volume decline; the demand for shampoos, however, is beginning to pick up. Once buoyant, sales entered a slack period from which they seem to be emerging, probably encouraged by the increase in advertising support which, at £3.7m, was 10 per cent above the year-ago level.

The demand for skin care products also seems to be reviving. Sales to the trade were almost £49½m at msp. Compared with demand in the corresponding year-ago period this is an increase of 14.6 per cent; prices, however, were up by 14.4 per cent so that a very marginal volume growth occurred. Advertising expenditure at £3.4m was almost 25 per cent up on the year-ago spend, and there are indications that the "flatness" in demand which persisted throughout 1976 has come to an end.

The review concludes that there will soon be a growth in real incomes and they anticipate that future consumer expenditure statistics will show a more encouraging picture. *John Hogston Associates Ltd, 24A High Street, Cobham, Kent KT11 3EB.*



Mr M. L. Cashman

Death of past president of Irish Society

Mr M. L. Cashman FPSI, died suddenly in his Dublin home on December 27, 1977. A past president (1966-68) of the Pharmaceutical Society of Ireland and one of the longest serving members of the Council, Mr Cashman was a director of Cahill May Roberts, wholesale manufacturing chemists, Crown Chemical Co (Ireland) Ltd and several building companies. He conducted a community pharmacy in Dublin until 1974 when he disposed of the business.

He was chairman of the Joint Negotiating Committee which negotiated the terms on which pharmacists entered the General Medical Services Scheme. He was chairman of a committee of Council members which produced a report in 1967 entitled "Pharmacy in Ireland: history, functions and future" (often referred to as the Cashman report). Mr Cashman was connected with the public life of Dublin city for many years, being an alderman of Dublin Corporation representing the Ratepayers' Association until his retirement about 15 years ago. He is survived by his wife, Plunkett, and five daughters.

Magee: On December 5, 1977, Mr James Hercules Magee, MPSNI. Mr Harold Porter, secretary, Ulster Chemists' Association, writes: "Mr Magee, who was a bachelor, was one of the characters of pharmacy. Serving his apprenticeship with Mr David Taylor, 117 Divis Street, Belfast, he worked for a time for Mr R. A. Mackintosh, Church Lane, Belfast, and acquired his own business at 13 Glen Road, Belfast, in 1936. He qualified in 1934 and was in business for 40 years. Mr Magee took long vacations and was the holder of a 'ticket' which enabled him to act as a pharmacist on ocean-going liners. In so doing he travelled the world, having visited New Zealand, Australia, South Africa and many other places. He was an



Mr Pat Rooney, MPS, St Albans, Herts (left) receiving the keys of a Ford "Fiesta" from Mr John Speller, Unichem's general sales manager, and Mrs Amy Buttrey, one of Mr Rooney's customers, receives the keys of her car from Mr Michael Frith, Unichem's chairman. The prizes were part of the recent "spot the savings" competition. Mrs Buttrey had to complete a "tie breaker", which asked why the consumer liked shopping at the local private chemist. Her winning line was "He's big enough to give savings, small enough to give his time". Mr Frith said the promotion had exceeded Unichem's expectations by a substantial margin and almost all of the 3,000 participating pharmacists reported sales increases.

exceptionally keen fisherman and it is on record that a captain stopped a liner in mid-ocean to enable him to fish a shoal of mackerel. He would have gone anywhere to fish and was often to be found at Kinsale in co Cork, shark fishing. A colleague has remarked that if there are no fish in heaven, Jimmy will opt to go to the other place provided he can continue fishing."

Strocher: On November 26 from heart failure after a long illness, Mr Karl G. Strocher, son of the founder of Wella International, at the age of 88. In 1908 Karl Strocher joined his brother George in the family hairnet business, and during the years leading up to 1939 was involved in its worldwide growth and developments in hair cosmetics and permanent waving apparatus. In 1947 the brothers were forced to leave the original factory in the Soviet-occupied zone and founded the present manufacturing company, Wella AG, at Huenfeld, Hessen. Three years later they moved the head office to Darmstadt. Among the many awards Karl Strocher received for his work in developing the hairdressing craft were the Goethe Shield from the Hessian Ministry of Culture and the Silver Award from the City of Darmstadt.

People

Mr Edgar Hebron FPS, of Wirral, will be the first chairman of the newly-formed Merseyside Chamber of Trade. He has been a Wirral member of the National Chamber of Trade since 1950. The new Merseyside organisation will serve traders on both sides of the Mersey.

News in brief

□ The Price Commission has allowed Imperial Chemical Industries Ltd an increase of about 3 per cent on the price of sodium carbonate.

□ Phenoxymethylpenicillin BP tablets and tetracycline BP tablets are included in the January revision of prices to the Scottish Drug Tariff.

□ The customs duty on imports of antibiotics into Spain is now 10.5 per cent, subject to minima on certain classes of antibiotics.

□ The Health Education Council is launching a "Look after yourself" campaign this month, encouraging people—by means of Press and television advertising and a special booklet—to exercise, eat wisely and give up smoking. The "medicines with respect" campaign is still being planned but will not take place before April as the HEC has no funds allocated for it in this financial year.

□ The Code of Practice on time off for trade union duties and activities will come into force on April 1, 1978. The relevant provisions of the Employment Protection Act 1975, which entitle employees to reasonable time off to carry out certain duties or to take part in union activities will come into force at the same time.

TOPICAL REFLECTIONS

by Xrayser

High Street jamboree

I was struck by your recent Comment concerning the remarkable performance of Tesco in securing an increase of 43 per cent in retail turnover following their abandonment of trading stamps, turnover presumably achieved at the expense of their rivals, the other big chains such as the Co-op, Marks and Spencer, and Sainsbury's. The minute profit netted by the increase seems to me to reflect a measure of the Tesco management's anxiety to ensure that the public sees this change as a positive step towards more competitive prices rather than a loss of something-for-nothing perks for the customers. I imagine that having to pay stamp commission must have been a pain in the neck, quite apart from being a limiting factor on pricing. Without doubt there will be a long and continued banging of drums and clashing of symbols for the next year or so, but I suspect that the overall market will be largely as before—with the High Street pharmacies which have survived thus far continuing to survive. By now they have developed the techniques and flexibility needed to stay profitable, and by the nature of the pharmacist's training and profession they offer a good deal more than the supermarket.

Knocked up... or down

For years as manager, and later, as proprietor, I lived with my growing family in flats above a succession of pharmacies. We had our share of night calls, ranging from the trivial which abused our professional availability, to the desperately serious which give us a sense of privilege in being able to help. For all that, the trivial (and nearly always from the same familiar inadequates) outnumbered the serious to such an extent that as soon as I could afford it, I bought a house away from the shop and left my telephone number on the door for urgent calls.

In the light of recent reports of chemists being roused at night and then being attacked and robbed, I am thankful I was able to move when I did, particularly as my shop was broken into twice before I installed burglar alarms last year for I have no doubt I would have received attention. Any pharmacist who lives above his business must regard himself as highly vulnerable, particularly if like most of the victims so far, he is one of the old and the gentle and the good; unworldly men in their sense of service and duty, who are unable to develop that hardened scepticism necessary to survive in our present-day Utopia.

I think it's about time we organised a night service in cooperation with the doctors so that resident pharmacists would be notified of urgent calls? Just a suggestion . . .

To educate the public

For years now I have displayed and sold useful quantities of the Family Doctor booklets which I order regularly from the NPA. The wire slings made to hold corn plasters on an old Scholl's stand make an ideal show from which many customers browse and select, and it saves me time when I can recommend an authoritative source of information which is acceptable because it is relatively cheap. Nevertheless, about three-quarters of the booklets are sold by self-selection.

In view of this I am puzzled to learn that the NPA will not be handling a booklet called "How to buy medicine without a prescription" by Peter Cooper, FPS, which would appear to be tailor-made for retail pharmacy. I have not seen it myself but if the blurb is correct and it does give advice to the general public on analgesics, indigestion and sickness remedies, laxatives and diarrhoea remedies, as well as general safety precautions concerned with prescribed medicines, then it compacts the sort of information I am being asked for every day, and I would like it. To suggest that the selling price at 35p is too great when the Family Doctor series sell at 30p seems a bit unrealistic to me. I hope the NPA will reconsider and offer this pharmacist's booklet to the pharmacist—assuming that it is written and produced to a comparable standard.

NEW PRODUCTS

Yardley Precious Minutes

Precious Minutes is the name of a new skin care range being introduced by Yardley in March. The company says that it is the result of careful investigation of the present skin care market which has shown that the potential customer is a busy 20 to 40 year old woman, usually coping with home, children, husband or career. They decided that the range had to be effective, simple to use, reliable and good value for money. There are eight products in the range. Mike Oliver, product manager, believes that "too many products in a newly introduced range make the whole skin care regime seem incomprehensible." The eight products in the Precious

Minutes range cover the basic needs for all three skin types, normal to dry, oily and combination. The products are packaged in blue, gold and white plastic jars, bottles and tubes, and inside each pack is an explanatory leaflet giving full details of the range. An advertising campaign will be in March issues of women's magazines. (Cleansing creme 75ml £1.55; cleansing milk 150ml £1.55; skin freshner 150ml £1.55; moisturising cream 75ml jar £1.60 and 50ml tube £0.99; cleansing gel 50ml £1.20, skin toner 150ml £1.65; moisturising lotion 150ml £1.70 and nourishing night cream 75ml £1.80). *Yardley of London Ltd, 4 Miles Gray Road, Basildon, Essex.*



Rodine C to kill rats resistant to warfarin

Rentokil have added a rodenticide, Rodine C, to their range. They claim that the product, containing calciferol 0.1 per cent, kills warfarin-resistant rodents and carries less risk to domestic pets than rodenticides containing warfarin (see also p20). Rodine C is available as packets of five 10g sachets (£0.50) in outers of 12 packets. *Rentokil Ltd, Felcourt, East Grinstead, West Sussex.*

Cat flea collar

Sergeant's are adding a flea collar for cats to their range of pet care products. They launched the flea collar for dogs last year. Both collars are said to kill fleas all over the pet for four months.

The active ingredient, Naled, has a lower toxicity than DDVP—the traditional compound used in these products. The company says that the extended life of these collars is particularly important since the flea "season" is now longer and extends beyond the summer into autumn. The collars will be supported by advertising in the *Readers Digest* and the national Press. An early bonus runs up to the end of February. *A. H. Robins Co Ltd, 14 Conduit Street, London.*

Temperature strip

Brannan Thermometers are introducing the easy temperature taker (£0.49) a digital strip which is pressed on the forehead. The letter N appearing on the strip indicates normal temperature and NF above normal. Each is packed singly in a plastic wallet. *Brannan Thermometers, Cleator Moor, Cumbria.*



Gillette enter the twin-blade disposable market

Gillette are launching a twin blade disposable razor. Disposables account for 6 per cent of the UK market and up to now nearly all have been sold by Biro Bic Ltd. Wilkinson Sword Ltd, announced their entry into the market just before Christmas (*C&D*, December 24/31, p905) and they estimate that disposables may take between 10 and 15 per cent of the UK market in 1978.

Gillette's launch marks the company's first venture into the disposables market in this country although they have already launched similar products in both Europe and America. The razor is based on the same design as the Gillette GII and is expected to retail at £0.11. They will be available in a self merchandiser unit containing 30 packs; individual packs will contain three razors.

Brand supervisor, David Geddes, explained that because disposables weigh less than conventional razors the standard of shave cannot be compared to the GII which is weighted and balanced to give the best possible results. "We feel that the disposable will complement the GII, helping to introduce many consumers to twin blade shaving for the first time".

The launch will be backed by a nationwide £500,000 television advertising campaign which will break in February. The product will be sold into all sectors of the trade including grocery outlets but Gillette tell us that chemists still dominate the market for razors and blades with 46 per cent. They feel therefore that it is this sector of the trade which could benefit most from the launch of the disposables. "Chemists have the advantage of being able to specialise", continued David Geddes, "The Gillette GII has done particularly well in chemists and this should act as a good base for disposable sales". *Gillette Industries Ltd, Great West Road, Isleworth, Middlesex.*

Vichy's breakthrough in skin moisture control

Vichy are about to launch what they describe as "the most significant product innovation in the skin care market in the past 20 years, Equalia." Available from the middle of the month, Equalia is a water-in-oil emulsion which helps the skin control excessive water loss (the main reason why the skin appears to age before its time), but it is not a moisturiser, the makers emphasise. The water control mechanism has been shown not to be due to any occlusive property but to the physical structure of the film left on the skin, which is in turn due to the emulsifier (patented by Vichy). At the same time gaseous exchange can continue and the skin is permitted to "breathe."

The problem of excessive water loss is common to all ages, all skin types and both sexes, and the answer Equalia provides is the result of many years research and development. The effectiveness of the cream has been proven by extensive laboratory and clinical testing say Vichy, and they claim many unusual properties were established during this research. For example, it is most effective when used very sparingly; the drier the air the more effective it is; its effectiveness remains constant throughout the day; Equalia works even under make-up.

Equalia was first launched in France in 1975 and within six months it was the number one cream sold through pharmacies (as with all Vichy products, Equalia is exclusive to pharmacies). This was repeated in Italy, Belgium, Germany and other European countries. In France, 30 per cent of Equalia users previously purchased their creams in outlets other than pharmacies.

Vichy are recommending Equalia for all ages and all skin types (dry, combination, normal, oily), stating that it prevents excessive dehydration in all skin types; and has a positive action where

skin is already dehydrated. The cream should be used every morning and at night if necessary, always on skin which is scrupulously clean, and is most effective when applied in a very thin film. Method of application is to dot a little cream on the face and neck, massaging gently into the skin until it seems to have completely disappeared. Used in this way no trace of oil is left on the skin. When using make-up allow a few minutes before applying foundation.

£350,000 will be spent on above the line promotion of Equalia in the first four months making this the biggest-ever single product launch in the skin care market Vichy believe. Full and half colour pages will be appearing in *Woman's Own*, *Woman*, *Woman's Realm*, *My Weekly*, *Woman's World*, *Honey*, *19*, *Woman's Journal*, *Look Now*, *Vogue*, *Cosmopolitan*, *Over 21*, *She*, *Annabel*, *Slimming and Nutrition*. Equalia will also be promoted on every commercial radio station in the UK. In *Woman's Own* alone there will be 13 insertions plus a free trial offer (RRP £2.50 31g tube, £0.29 4.5g sample).

A full public relations campaign was launched in November 1977 with a seminar held at Cambridge University and editorial articles/features on Equalia are expected to appear in major media in the UK and Eire. *Vichy (UK) Ltd*, 1 Hay Hill, London W1X 7LF.)

Lemon remedy

Mrs Cullen's Lem-clear, to be dissolved in hot water and taken for colds, has been introduced by Cullen and Davison. Available in packets of five sachets (£0.35) each powder contains aspirin 585 mg, salicylamide 95mg, caffeine 60mg and ascorbic acid 80mg in a lemon flavoured base. *Cullen & Davison Ltd*, Portadown, Craigavon, Co Armagh.



Hexilin test launch

Farley Health Products have launched Hexilin lozenges, an OTC throat lozenge to be sold exclusively through pharmacies. The lozenges, containing dequelinium chloride, are flavoured with menthol, camphor and peppermint. Hexilin lozenges are packed in a carton with a foil inner wrap, each 45g carton containing 21 lozenges (£0.30).

The lozenges are to be tested in the Southern Television region and there will be a consumer leaflet, "The safe, effective throat lozenge", for distribution to health centres and pharmacies. Point of sale material includes a show card, till sticker and till mats. *Farley Health Products Ltd*, Torr Lane, Plymouth.

Swedish lotion

Max Factor have introduced an hypo-allergenic enriched hand lotion to their Swedish Formula range (£1.75, trial offer for a limited period £1.35). This is a pink lotion which is said to leave hands soft and supple. The company says that the formula includes emollients, oils and an humectant which attracts moisture to the skin. It is recommended that this lotion be smoothed over the hands after every contact with water. It is quickly and easily absorbed and although it is primarily a hand lotion it can be used for all over daily skin care.

Max Factor are also offering special prices on the Swedish Formula skin care products. The purified cleansing lotion is offered at £1.35 at 40p off. There is also 40p off the moisture lotion available at £1.35 *Max Factor Ltd*, 16 Old Bond Street, London W1X 3AH.

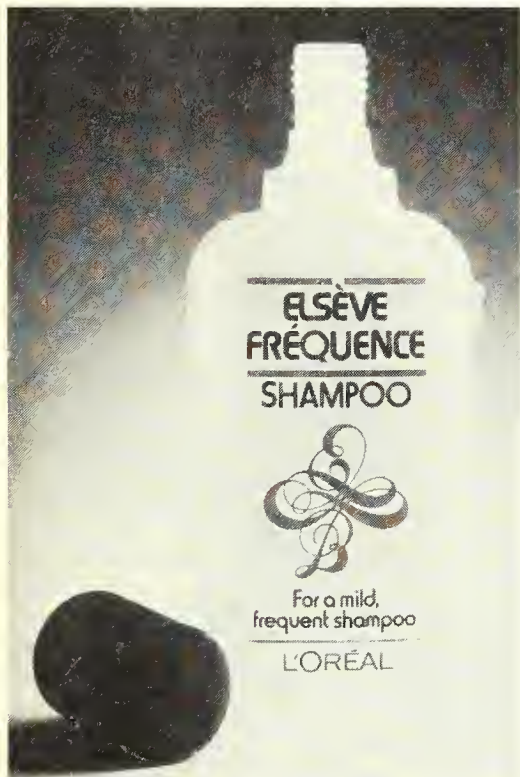
Disposable toothbrush

The Dentifresh disposable toothbrush (around £0.10) with peppermint flavoured toothpaste incorporated in the head is designed for those who wish to freshen-up after eating out or before meeting friends. The white injection moulded polythene brush is 9.5cm long, blister packed in display boxes of 50. It is being marketed through pharmacies, supermarkets, garages and should be available from wholesalers. The product has been on test market through village stores in Lincolnshire where sales were said to average 50 each day. *Dentifresh Co*, Avenfield House, Park Lane, London W1Y 3AF.



L'Oreal extend Elseve and Recital ranges

L'Oreal have added to their shampoo range with Elseve Frequence. This, they say, is a cosmetic shampoo giving shine and manageability, and has been formulated for those women who shampoo frequently or would like to do so if a suitable product was available. Frequence is a mild shampoo with a gentle cleaning action; it is said to maintain the hair's natural balance and appearance. The shampoo is a leafy green-yellow colour and comes in a green and brown

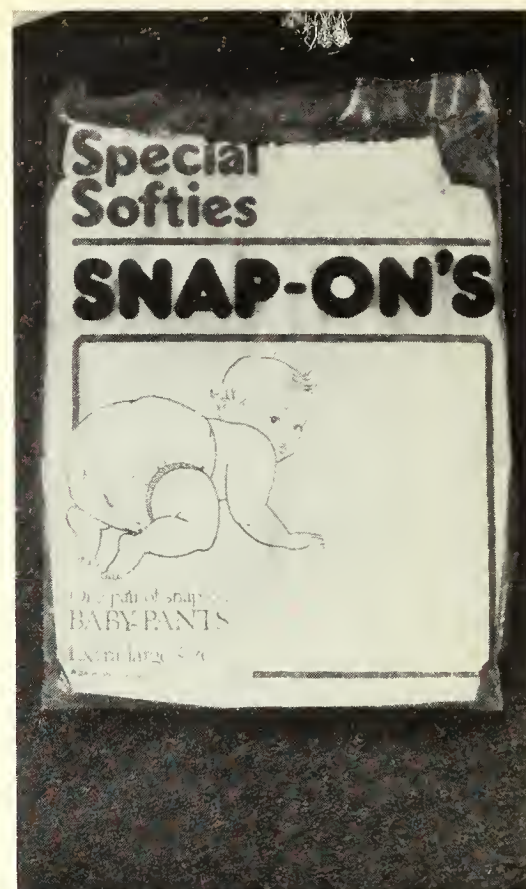


pack (125ml £0.57, 200ml £0.75). Card display units will be available and the launch will be backed with a £250,000 advertising campaign. The television advertising breaks on February 20 nationwide, and spaces have also been booked in women's monthly magazines. For two months Frequence will be available at discounted terms and price reductions will be offered to the consumer. Coinciding with this launch the entire range of Elseve shampoos will be made available in the 125ml size at £0.57.

L'Oreal have also added two new colours to the Recital range. Shangrila adds to the range of shades available at the dark blonde level. Best results are said to be achieved with naturally light blonde, blonde, very light brown, dark blonde or light brown hair and it is said to bring out rich copper highlights.

Super Blonde completes the service offered by Recital. It is a lightener kit, to be used in conjunction with shades from the Recital collection. The degree of "lift" obtained is determined by the user, two booster sachets are included in the pack and complete instructions tell the consumer how to use the product. Development time takes between thirty and forty minutes.

Shangrila, and all other Recital shades will retail at £1.20. Super Blonde will be £1.30. Recital will be supported with a full advertising programme and will be backed at the point of sale with continued investment in the "Espace" system. *L'Oreal (Golden Ltd), Bruton Street, London W1A 1BX.*



Special Softies add snap-ons from March

Snap-on baby pants (£.41) have been added to the Special Softies range. They have forward facing legs, an adjustable waistband and are made in a soft material to help prevent chafing. The pants are designed to hold all types of disposable nappies and towelling nappies. Available for sale early March, the snap-on pants will sell singly in two sizes—large (up to one year) and extra large (over one year). *Nivea Toiletries Ltd, Surbiton, Surrey.*

Super plus 10's in Panty Pads

Lilia White have added Super Plus 10's to their existing range of press-on towels. They say that this will give the women who has previously used a size 2 looped towel the opportunity to use a press-on pad giving equivalent protection. The packs of the existing range have been re-designed with colour codings for easy recognition—apricot for regular, mauve for super and green for super plus. Advertising in the consumer Press begins in February and will feature the three sizes now available. *Lilia White Ltd, Alum Rock Road, Birmingham B8 3DZ.*



which will fit up to 40 inch hips (£0.75) and bikini briefs, fashion, in satin brown and trimmed with lace in one size only to fit 34 to 38 inch hips. All the gussets are lined with soft plastic. The company is also introducing a high bulk kitchen towel under the Newhome brand name (two packs £0.37, trial offer price £0.34). *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

ICML introduce Nusoft briefs

ICML have introduced a range of protective briefs under the Nusoft label. The range consists of feminine briefs (small £0.80, medium £0.80 and large £0.88), bikini briefs, white, in one size

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Askit powders: Sc
Aspro Clear: All areas
Beecham's Powders: All except E
Coldrex: All except E
Contac 400: All except E
Crest: All except G, E, CI
Hacks: Ln, Lc, So
Head & Shoulders: All except E
Mac lozenges: Ln, M, WW, So, A, We
Night Nurse: All except E
Numark (Lucozade, Crest & Sunsilk): U
Odor-eaters: All except Ln
Parker's cough linctus: Lc, Y, NE, B, Sc, G
Pears medicated shampoo: All areas
Poli-grip: All areas
Ralgex: All except So, U, We, E, CI
Setlers: All except E
Signal: All areas
Sunsilk shampoo: All areas
Vaseline Intensive Care lotion: All except U, E, CI
Vaseline petroleum jelly: All except U, E, CI
Victory V lozenges: M, Lc, NE, Y, WW
Vitarich: Lc

Nicholas Laboratories Limited

PRICE REVISIONS

The following prices are effective as and from 6th January 1978

PRODUCT/SIZE	Retail Selling Price (incl. VAT)	Standard Wholesale Price per case	Terms 4 Price (Best Terms) per case
ASPRO REGULAR.....8's	12p	£2.82½	£2.47
24's	32p	£5.53	£4.84
60's	59p	£5.10	£4.46
120's	93p	£4.03½	£3.53
ASPRO CLEAR.....4's*	10p	£2.50	£2.12½
16's	30p	£2.50	£2.12½
RENNIE.....12's	13p	£3.25½	£2.85
25's	23p	£3.76	£3.29
50's	39p	£3.19	£2.79
100's	57p	£4.74	£4.15
RADOX SALTS.....Medium	35p	£2.90½	£2.54
(all 3 fragrances).....Large	52p	£2.15	£1.88
RADOX HERBAL BATH.....280 cc	57p	£4.80½	£4.08½
(all 3 fragrances).....500 cc	89p	£7.50½	£6.38
RADOX SHOWER FRESH*.....	85p	£7.08	£6.02
(2 fragrances)			
MATEY.....	57p	£4.78	£4.06½
TRUGEL.....Standard	43p	£3.18½	£2.71
Economy	63p	£4.92	£4.18
SAVETT*.....Toilet	38p	£3.16½	£2.69
Intimate	38p	£3.16½	£2.69
ACCOLADE.....2 dozen	99p	£16.72	£14.21
½ dozen	99p	£4.18	£3.55½
DIP.....	38p	£3.16½	£2.69
INTERDENS STICKS.....	49p	£3.63	£3.08½
INTERDENS TOOTHBRUSHES.....	49p	£3.63	£3.08½
FEMINAX.....	69p	£8.94	£7.60
KWELLS.....	36p	£2.98	£2.61
CONFECTIONERY			
WHISTLING POPS*.....48's	7p each	—	£2.10

Nicholas

Nicholas Laboratories Limited, P.O. Box 17, Slough,
SL1 4AU. Telephone: Slough 23971.

*No change in
price structure.

TRADE NEWS

Eylure half price offers

Eylure are making their new Easifix lash range available at half the normal retail price throughout January (£0.53 instead of £1.05). The flashed packs come with a dumper bin display and a trade parcel (£23.52) contains 72 packs.

The company is also offering three bargain packs of their nail care products. Pack number one contains Cuticle Control plus dabber and is offered for £0.99 instead of £1.34. The banded pack of hand care cream plus nail care cream is offered at £0.75 instead of £1.10 and the third offered at £0.85 instead of £1.20 contains hand cream Fast Strength.

Eylure's range of French Almond fragrance is also offered at half price during January (£0.85 instead of £1.69) and the Tabac Original range is available at sale prices too. For the offer period the 75ml bottle of Tabac Original after shave will be sold for £1.45 instead of £1.85 and with every purchase of a 90ml Oplaine bottle of after shave (£2.15) purchasers are given a 65g body talc worth £0.89.

Finally a giant 100g size of the body talc is on offer at £0.89. *Eylure Ltd, Grange Industrial Estate, Cwmbran, Gwent NP4 2XR.*

Applicators for Gyno-daktarin

The Gyno-daktarin cream pack now contains 16 single-use disposable applicators instead of the single applicator. The price is the same. The company says the risk of re-infection from an inadequately cleansed applicator is eliminated. *Janssen Pharmaceutical Ltd, Janssen House, Chapel Street, Marlow, Bucks SL7 1ET.*

Larger sachets of Savlodil

A 100ml sachet of Savlodil packed in boxes of 12 patient packs of five sachets (£5.47 trade per box) has been introduced by Imperial Chemical Industries Ltd. The box of 250 x 25ml sachets is now priced at £8 (trade). *Imperial Chemical Industries Ltd, pharmaceuticals division, Alderly Park, Macclesfield, Cheshire.*

Sinequan 75mg

Sinequan capsules are to be available in a 75mg strength from January 9. Each capsule has an opaque blue cap with a yellow body printed with name "Pfizer" and coded "SQN 75". The capsules are available in packs of 60 (£5.39 trade). *Pfizer Ltd, Sandwich, Kent.*

Vagabond travel bags updated

The detail of the Vagabond travel bags from John O'Donnell has been updated for 1978 although the principle of a colourful and fashionable range remains the same. Five new fabrics have been added—Provençal, jaquard, hessian, needlecord prints and heavy quilts. The Vagabond floor stand has also been improved to give greater capacity in slightly less space. 42 different designs of facecloths and shower mitts will be available and there are 16 new ladies' and 12 men's in the range of leisure holdalls. This range has also been subjected to price reductions which have been made pos-

sible because of greatly increased volume, gambling on a continued stronger pound and reduced margins. The company has also improved its display service by the addition of a merchandising representative. *John O'Donnell Fine Beauty Accessories, Box 33, Chelmsford CM1 5NH.*

On-pack series from Petalclub

Bowater-Scott are introducing a new concept in on-pack offer marketing on their Petal toilet tissue range. The scheme, titled Petalclub, is to be launched on January 9, and will take the form of a series of on-pack offers of quality kitchen items. These will be available in total on four roll packs, and in part, though accumulatively, on the two roll packs. In each case proof of purchase will be necessary. The items on offer will be a full sized tea set; six silver-plated teaspoons, monogrammed to order; a five piece kitchen toolset; and a wall-mounted can opener.

Petalclub promotions will be backed up with a full range of point-of-sale material and with new packaging both on pack and on case outers. Terry Dailey, brand manager, says, "In this first Petalclub offer, we shall be setting a trend that has, in research, the promise of high brand awareness for Petal. It is seen as an acceptable concept—that of belonging to a club—and that should bring good sales returns for retailers stocking this brand". *Bowater-Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1X 7LR.*

Slender aims for post Christmas bulge

The Carnation Foods Co Ltd have produced a new advertisement for Slender on a post Christmas theme to tempt those who over indulged during the festivities. The campaign costs £170,000 and will last for five weeks. The same theme will be carried into the main slimming magazines. *Carnation Foods Co Ltd, 11 High Road, London N2 8AW.*



Bronnley soaps for Mothers' Day

Christmas is over and Bronnley are already contemplating Mothers' Day on March 5. The company has a special gift line prepared to commemorate it. The pack contains two tablets of heart-shaped soaps, one is pale blue and the other pink, perfumed with lavender or rose geranium. Each pack comes with a floral gift tag (£0.99). Bronnley have also added gift labels to their visitors size bubble bath, hand lotion and toilet soaps with almond oil. These, together with the Mothers' Day soap packs, are available in a new display unit suitable for counters, shelves or gondolas. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0BR.*

Outdoor Girl cut mascara prices

Outdoor Girl are cutting the prices of their two most popular mascaras by 10p while stocks last. Runproof Marvelash is reduced to £0.45, as is ordinary Marvelash. Both products are available in black or brown. The company also warns that after this promotion they will have to increase the price of their mascaras. *Outdoor Girl, Smith & Nephew Cosmetics Ltd, Hook Rise South, Surbiton, Surrey.*

Charles of the Ritz spring colours

Charles of the Ritz will be making new fashion shades available for sale from March. Mandarin and grenadine have been added to their Revenescence eye shadings (£2.95) and ginger and rosewood to the Revenescence lipsticks (£2.45). Berry blush is a new shade of Blushing Creme (£3.25) which adds a natural pinky glow and Ivory Protective nail colour (£1.50) emphasises nails with a discreetly milky tint. *Charles of the Ritz Ltd, Brook House, 115 Park Lane, London W1Y 4EU.*

Durex drive British

The Durex Team Surtees line-up for the 1978 World Championship includes a British car, run by a British team for a British sponsor with a British driver. The new driver is Rupert Keegan, the 22 year old, former British Formula 3 champion who drove for the Hesketh team last year. He will be driving the

Surtees TS19, designed and built at the Team Surtees factory in Edenbridge, Kent. Rupert will make his debut for the team in the Argentine Grand Prix at Buenos Aires on January 15.

Mr Bob Hall, marketing director of LR/Sanitas said at a recent Press conference that in his view motor racing was one of the most effective and versatile forms of sponsorship open to any major commercial company. He went on to explain that they first chose motor racing in 1975 in an attempt to normalise the name of Durex. *LR/Sanitas Ltd, Sanitas House, Stockwell Green, London.*

Three offers from Kamera Klear

Three products in the Kamera Klear range are being offered at special new year prices by Leichner. A trial sized jar (13ml) of tinted foundation will be available for £0.45. These will be sold to the trade in a pre-packed outer highlighting the offer and containing six units of each of the four shades. There will also be 4p off the Kamera Klear nail gloss and 8p off the standard 52cc bottle of nail enamel remover. *L. Leichner (London) Ltd, 436 Essex Road, London*

Innoxia jumbo sizes

Innoxia are offering consumers jumbo sized bottles of cleansing milk, skin freshener and astringent. They will be available in 250ml bottles for £1.20 (the price of the standard 125ml bottle). Each bottle is identified by a special offer label and a showcard will be available for use at point of sale. The offer is available during January for a limited period only. *Innoxia (England) Ltd, Innoxia House, 436 Essex Road, London.*

Honeysuckle Airwick

Airwick launched their honeysuckle variant in June 1977, and they say that since then it has become the best selling fragrance in their range. They maintain that the addition of new fragrances is important in the air freshener market



The owner of the winning horse in the £3,000 L'Oréal Hurdle at Newbury will be presented with a porcelain dish in blue, gold and white inscribed with the name of the race and made by Aynsley. There are 42 entries for the race and there will be an additional prize of £25 for the boy or girl responsible for the best turned out horse plus a presentation box of L'Oréal products for the stable hands.

as fragrance fashions change over time. The honeysuckle fragrance was preferred to current competitive fragrances by 76 per cent of the respondents in recent consumer research carried out by Airwick. There will be further advertising support for the variant on television and in women's magazines beginning in February. *Airwick UK Ltd, Manchester Old Road, Rhodes, Middleton, Manchester M24 4RH.*

Agents for Siegfried

Ward Blenkinsop Trading Ltd, have been appointed exclusive agents in the United Kingdom and Eire for the fine chemicals division of Siegfried Ltd, Switzerland, effective from January 1. This date coincides with Siegfried's appointment as exclusive agents in Switzerland for Ward Blenkinsop & Co Ltd. *Ward Blenkinsop Trading Ltd, Fulton House, Empire Way, Wembley, Middlesex.*

Numark promotions

ICML are offering their customers a trade deal of one case of pine disinfectant free with every ten cases of Nuhome products purchased across the entire range. In addition Nudeal twin toilet rolls will be offered at a reduced price of £0.22, a saving of 3p per twin pack. The Hanx banded pack will also be on offer at £0.66, a saving of 10p. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Methrazone precautions

In the precautions section for Methrazone capsules (*C&D*, December 17, 1977, p887) the sentence on blood dyscrasias should have read "since blood dyscrasias may occur with other pyrazole drugs, blood counts should be monitored before and during treatment." Blood dyscrasias have not been reported with Methrazone.

Non-ergotamine Migraleve is the one anti-migraine specific you may sell over the counter

Sales (and prescriptions)
are still rapidly rising.
So check your stocks now.

Over half a million
prescriptions for
Migraleve have produced
no adverse reports.



NON-ERGOTAMINE Migraleve®



International Laboratories Ltd. Lincoln Way, Windmill Road, Sunbury-on-Thames, TW16 7HN.

Council members elected Fellows

The Pharmaceutical Society of Northern Ireland Council has adopted a recommendation of its General Purposes Committee that Messrs Joshua Kerr and Thomas I. O'Rourke be elected Fellows of the Society. The president, Mrs C. O'Rourke, said at the Council's December 1977 meeting that the Committee had in the past deliberately refrained from including the name of any member of Council in the recommended list of new Fellows. However, it was felt that Mr Kerr and Mr O'Rourke had, for many years, rendered such outstanding service to pharmacy in Northern Ireland that an exception should be made this year. Mr Brown said it would be impossible to submit the name of any member of the Society who deserved the honour as much as either Mr Kerr or Mr O'Rourke. Both had worked for and represented every aspect of Northern Ireland pharmacy for many years.

C. M. Young Scholarship Fund

The secretary submitted a draft amendment to the Trust Deed that established the C. M. Young Scholarship Fund. The draft had been prepared by the Society's solicitor and extended the scope of activities which could be supported out of the Fund. The draft was approved.

It was reported that the Department of Health had approved the appointment of Mrs Muriel Singleton, BSc, MPS to conduct examinations in pharmaceutical legislation during the year ending July 31, 1978. A letter from the Department was read acknowledging receipt of the Council's letter of the September 27 1977, about the proposed meeting on the provision of information to patients on prescription medicines. The meeting would be held early in 1978 and it was hoped that the Northern Ireland society would send a representative. It was agreed the president and secretary would name the representative when the meeting date became known.

The secretary reported that he had had a discussion with an official of the Department of Health about the delay in introducing Regulations to amend the Society's General Regulations. He had been informed that the brief amendments suggested by the Council would, of themselves, be inadvisable. The Pharmacy Act (Northern Ireland) 1967 laid down that the period of practical training of a student was one year whereas the Northern Ireland Pharmacy Order which consolidated the 1925, 1945, 1955 and 1967 Pharmacy Acts did not lay down a specific period of training but provided for the length of the period

to be prescribed by regulation. The Regulations presently being drafted would therefore have to set out the length of the period of training to be undertaken in any particular branch of pharmacy. Although the decision to prescribe the length of the practical training was proving inconvenient he felt it was a wise one and it would be inadvisable to disregard the Northern Ireland Pharmacy Order which would come into effect when certain parts of the Medicines Act 1968 became operative; all concerned would be in some difficulty if the length of the period of practical training was not laid down.

Delight at lecture attendance

Professor D'Arcy said he was delighted with the attendance at the present series of four lectures held on successive Tuesday evenings and announced that a further series of eight lectures on "The physiological basis of pharmacology" would start soon and cover "Infection and inflammation." Details are given below; unless otherwise specified the lectures will be at the Medical Biology Centre, Lisburn Road, Belfast 9, from 8.00 to 9.30 p.m. January 10. "Physiology and pathology of the inflammatory and infective process," Professor J. B. Bridges;—"Search for new anti-inflammatory drugs," Dr J. A. King (Craigavon Area Hospital); 24—"Anti-infective chemotherapy: Historical development," Professor P. F. D'Arcy (Waveney Hospital, Ballymena); 31—"Tuberculosis, past and present," Dr C. F. Campbell.

February 7—"Anti-infective agents: Selective action," Dr E. M. Scott; 14—"Anti-infective agents in current Therapeutic use," Dr E. M. Scott; 21—"Vaccines and sera," Dr W. A. Fleming; 28—"The fate of anti-infective and anti-inflammatory drugs in man," Dr D. J. Temple.

Mr Kerr said that last July the Council had been invited to send a representative to a meeting in London to consider how the provision of EEC Directive 75/319 in regard to the qualified person should operate in the United Kingdom. Because of the holiday period it had not been possible to send a representative but a letter had been sent outlining the Council's views on the matter. He asked if any information had been received by the Secretary as to what transpired at the meeting. The Secretary replied that he had not received a report of the meeting or any information about any decision taken. It was agreed that the

secretary should write to the Department of Health about the matter and that Dr J. A. King be asked to represent the Society at any future meetings on the subject. Mr Kerr stated that it was hoped to arrange a meeting in Malta next May of the European Region of the Commonwealth Pharmaceutical Association and it was agreed that Mr Kerr should represent the Society at this meeting.

A letter from the medical adviser of Action Cancer, was read outlining the work his organisation would shortly be undertaking in Belfast and asking if the Council would support a suggestion that where possible, pharmacists in the Province might make available on occasions an examination and a waiting room where the organisation's staff could carry out the necessary examination for cancer of the womb and breast. The Council agreed to grant whole-hearted support to the request for co-operation and the secretary was instructed to inquire in which districts the help of the local pharmacist would be required.

The applications of John Raymond Anderson, Anne Brigid Cullen, Hugh Delarty and Stephen Charles Doherty for registration as students were accepted.

The president said she was pleased with the attendance at the meeting of the Lurgan, Portadown and Armagh District Branch held in Lurgan on November 21, 1977. Travelling conditions on that evening were bad but the meeting was a great success and she complimented Mr Napier on the enthusiasm shown by members.

Australia may limit Benefit Scheme pharmacy numbers

The Australian Joint committee on pharmaceutical benefits pricing arrangements is considering limiting the number of pharmacies which will have the authority to dispense prescriptions under the Pharmaceutical Benefit Scheme. Mr K. H. Vial, chairman, Rocke Tamsitt and Co, Melbourne, says, "Although deeply concerned by this possibility we are heartened by a statement from the Minister of Health that this will only happen if requested by the chemists themselves."

Rocke Tamsitt are concerned over the future of pharmacy in the light of a Trade Practices Commission inquiry. Mr Vial says that many chemists would not survive if the commission disallowed the "chemist only" market policy. If this happened, he adds, high volume and profitable products would be removed from pharmacies and sold in chain stores and supermarkets. "It would leave chemists to do the best they could with what remained, namely the stocking and distribution of those medical products which are essential to the health of the community. In this event, a large proportion of chemists would not be able to survive in business and one must wonder whether this was in the interest of the public."



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Mechanisms of drug interaction

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Today there is much concern about drug interaction because many patients receive more than one drug at a time. Reports and reviews of drug interactions and reactions often attach undue importance to isolated observations. Frequently an interaction seen in a single patient has been presented in a number of reviews without qualification of the nature of the report or of the reaction's significance. Such an interaction is then included in a number of publications and understandably gives an impression that the problem is important, frequent, well documented and clinically significant. The same single case reported in four separate reviews could end up as five cases in the fifth review; not an uncommon sequel when the earlier reviewers have inadequately referenced the source of their information.

Animals only

Some reports on drug reactions or interactions may refer solely to animal experiments carried out at high dosage under specialised test conditions, which may not be mentioned in a subsequent review especially if the result is quoted only as a statistic in a tabular summary.

It is not easy to suggest how such faults could be remedied but there is an obvious advantage to all concerned with drug therapy that reports of adverse reactions and interactions have the widest coverage, and for the field to be frequently reviewed to emphasise new knowledge. However, scrupulous care must be taken by the reviewer to draw basic information from the original paper or report and not from previous reviews. The relative importance of the drug reactions as assessed by the original observer may thus be retained.

This present discussion will deal only with essentials, and quote examples that have clinical relevance.

Doctors surveyed

In 1974, Petrie *et al.*¹ sent a questionnaire to 253 general practitioners in north-east Scotland, to discover if doctors were aware of some potential interactions involving five groups of drugs: adrenergic neurone blockers; warfarin; antidiabetic agents; monoamine oxidase inhibitors, and sedatives.

From the 185 anonymous replies the authors showed that of 50 interactions on the questionnaire, doctors had heard of an average of 17.2. Of the doctors who replied, 84 per cent asked for more information about the interactions.

It may be concluded that many important drug-drug interactions are not known to GPs, and that doctors would like to know more about the problem.

In 1968, the Boston Collaborative Drug

Surveillance Programme began monitoring short-term drug effects during hospitalisation in medical wards. The conclusion was that the high prevalence of drug-related morbidity and mortality primarily reflects extensive drug usage rather than the toxic potential of particular drugs.

Drug interactions can occur at a number of sites². There is no phase between formulation and elimination when interactions are excluded. In addition, drugs may interact at more than one site and by more than one mechanism, which frequently complicates any prediction of the sequel to such interactions.

Table 1. Some food and drug interactions*

<i>Foods</i>	<i>Drugs</i>	<i>Interaction</i>
Cheese, liver and foods containing pressor amines	MAOIs	hypertensive episodes
Dairy products	Tetracyclines	Impaired intestinal absorption of tetracyclines
	Vitamin D	enhanced absorption of vitamin D
Fats	Griseofulvin	enhanced intestinal absorption of griseofulvin
	Neomycin	impairment of fat absorption
	Para-amino-salicylic acid	impairment of fat absorption
Leafy green vegetables	Anticoagulants	antagonism of anticoagulant action due to vitamin K content of vegetables
Alcohol	CNS depressants	enhanced effect of CNS depressant drugs
	Oral hypoglycaemics, insulin	stabilisation of controlled diabetic patient is upset
	Anticoagulants	stabilisation of anticoagulated patient is upset
	Antihistamines	enhanced CNS depressant effects
	Antihypertensives	hypotensive effects may be enhanced
	MAOIs	hypertensive reactions may occur due to tyramine content of some alcoholic drinks
Vitamin A	Liquid paraffin	chronic consumption of liquid paraffin as a laxative may induce a deficiency of these fat soluble vitamins
Vitamin D		
Vitamin C (ascorbic acid)	Pentobarbitone	metabolism and excretion of vitamin C is enhanced
	Chloretone	metabolism and excretion of vitamin C is enhanced
Vitamin B ₁₂ (cyanocobalamin)	Colchicine	malabsorption of vitamin B ₁₂ from dietary sources
	Para-amino salicylic acid	malabsorption of vitamin B ₁₂ may be caused by PAS
Folic acid	Oral contraceptives	oral contraceptives or phenytoin inhibit the absorption of dietary folate polyglutamates and may induce folic acid deficiency states
	Phenytoin	tubercular patients on isoniazid excrete an excess of vitamin B ₆ ; this depletion enhances CNS toxicity of isoniazid
Vitamin B ₆ (pyridoxine)	Isoniazid	
	Levodopa	vitamin B ₆ antagonises the effects of levodopa
Vitamin K	Anticoagulants	antagonism of anticoagulant action
	Cholestyramine	reduced intestinal absorption of vitamin K
	Para-amino-salicylic acid	reduced intestinal absorption of vitamin K

*Based on Place and Benson⁵.

In vitro interactions

Addition to infusion fluids—In the by-gone days of the elaborate compound prescription, incompatibility of drugs was a well recognised hazard to prescriber, pharmacist and patient alike. But dosage forms have changed and the tablet, capsule or injection of the newer, more potent, therapeutic agent have largely replaced the bottle of medicine. Thus the problem of *in vitro* drug interaction has been almost forgotten for over a quarter of a century.

It has regained prominence as a result of the common hospital practice of adding multiple drugs in the ward to commercially prepared standard intravenous infusions. A survey in 10 Ulster hospitals found that 39.2 per cent of IV infusions had drugs added to the fluid container. Other studies published since then have shown a similar practice throughout the British Isles³.

Problems arising from this widespread practice are: maintenance of sterility, and stability; formation of particulate reaction products, and modification of the pharmacokinetic profile of the added drug.

Although such problems are unlikely to affect GPs, interactions can occur when drug solutions are mixed together in a syringe. All the previously described *in vitro* hazards apply, and indeed may be enhanced by the relatively stronger concentrations involved. Furthermore, it is unlikely that two injection solutions have the same pH and that the resulting pH or solubility characteristics of the mixture are optimal for both drugs. For example, when insulin and protamine zinc insulin are mixed together in the syringe the soluble insulin interacts with excess zinc and protamine delaying its onset of action. A more detailed account of *in vitro* drug interactions has been given by D'Arcy,⁴ and D'Arcy and Griffin⁵.

Biological availability—one *in vitro* problem that does concern the GP is component interaction in tablets or capsules. Excluding the obvious and usually established incompatibilities, there is now a growing awareness that the composition of solid dosage formulations may influence the release and subsequent absorption of the active medicament in the intestine and modify the plasma level it achieves. Drugs for which this therapeutic non-equivalence of different brands appears to be particularly strong are phenobarbitone, digoxin, nitrofurantoin, oxytetracycline and tetracycline, phenindione, phenylbutazone, phenytoin, tolbutamide and other sulphonylureas.

It is of concern when patients are stabilised on, for example, digoxin, and that stabilisation is upset because the brand is altered or because different batches of the same brand have different bioavailability characteristics. Fortunately there are now suitable control tests to ensure constant therapeutic equivalence. Another example of interest is that the change of excipient from

Table 2. Some interactions due to drug displacement

<i>Strongly bound</i>	<i>Drug displaced</i>	<i>Effect</i>
Phenylbutazone Oxyphenbutazone Clofibrate	Coumarins (especially warfarin)	Haemorrhage from over-inhibition of prothrombin synthesis in liver
Sulphonamides	Tolbutamide	Hypoglycaemia from increased effect of tolbutamide on the pancreas
Dicoumarol Ethyl biscoumacetate Oxyphenbutazone Phenylbutazone Salicylic acid	Sulphonamides	Enhanced sulphonamide activity
Salicylic acid Sulphonamides	Methotrexate	Increased methotrexate toxicity
Indomethacin Oxyphenbutazone Phenylbutazone	Cortisol (intrinsic)	May explain in part the mechanism of anti-inflammatory action of non-steroidal drugs

Table 3. Some interactions due to enzyme induction

<i>Inducer</i>	<i>Activity reduced</i>
Alcohol	Phenobarbitone, phenytoin, tolbutamide, warfarin
Barbiturates	Coumarin anticoagulants, cortisol, digitoxin, dipyrone, griseofulvin, phenytoin, testosterone, oestrogens
Chloral hydrate Glutethimide Phenylbutazone Phenytoin	Dicoumarol Dipyrone, warfarin Amidopyrine, cortisol Cortisol, oral contraceptives
Rifampicin	Oral contraceptives

Table 4. Some interactions due to enzyme inhibition

<i>Inhibitor</i>	<i>Activity increased</i>
Allopurinol	6-substituted purines (azathioprine, mercaptopurine, thioguanine)
Aspirin, chloramphenicol, dicoumarol, Tolbutamide and other sulphonylureas phenylbutazone, phenylamidol, sulphaphenazole	
Chloramphenicol, phenylamidol	Dicoumarol and other coumarins
Cortisol, testosterone	Nortriptyline
Dicoumarol, disulfiram, isoniazid, PAS, warfarin	Phenytoin
Disulfiram, oxyphenbutazone	Warfarin and other coumarins
MAOIs	Barbiturates, phenindione, tyramine
Methandienone	Oxyphenbutazone
Methylphenidate	Barbiturates, dicoumarol, phenytoin, primidone
Phenothiazines	Tricyclic antidepressants
Prednisolone	Cyclophosphamide

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Mechanisms of drug interaction

Continued from p17

calcium sulphate to lactose (both considered to be quite inert substances) increased the biological availability of phenytoin. That formulation change triggered off an outbreak of intoxication in otherwise stabilised epileptic patients simply because the patients had higher serum levels of phenytoin.

In vivo

Interactions in the gastro-intestinal tract—phenobarbitone given concurrently with griseofulvin reduces its absorption and therefore its antifungal efficacy. Also the fat composition of the diet may affect the absorption and subsequent serum levels of griseofulvin. The concomitant administration of tetracyclines with oral iron or aluminium, calcium or magnesium salts, or for example, milk diet or antacid preparations results in the formation of non-absorbable complexes and the bioavailability of the tetracyclines virtually falls to zero.

Combinations of antitubercular drugs are common in treatment. However, para-aminosalicylic acid impairs the intestinal absorption of rifampicin and reduces its serum level over an eight-hour period to approximately half that achieved when rifampicin is given alone. An alternative combination of isoniazid with rifampicin does not affect the absorption of either drug. It is now well known that it is not the PAS itself but the bentonite present in PAS granules that hampers the absorption of rifampicin. This clearly demonstrates the importance of investigating the nature of the drug formulation in any study to elucidate the mechanism of drug-drug interaction.

The risk of hypertensive episodes due to an interaction between monoamine oxidase inhibitor antidepressants and foods rich in tyramine is now well established and fully recognised. It is not enough, however, to know that cheese and MAOIs interact. The problem goes much further. MAOIs will interact with all sympathomimetic amines including those used as nasal decongestants or those that appear in proprietary "cold remedies". This is because monoamine oxidase enzyme has a role in the metabolism of all such amines.

The MAOI-food interaction is, however, only one example of a drug-food interaction; there is good evidence that other food substances or vitamins can influence drug action (table 1)⁶.

At plasma protein binding sites—after absorption many drugs are bound to plasma proteins particularly albumin. Important changes in drug distribution can arise from competition for these binding sites. Certain groups of drugs seem to share a limited number of com-

mon sites, and one drug may displace another with dramatic and adverse effects. Table 2 gives the more important interactions.

Salicylates are known to potentiate the hypoglycaemic action of chlorpropamide and tolbutamide by displacing them from binding sites. Originally this was thought to be important in the maintenance of diabetics on these agents and cards were issued when such drugs were dispensed, cautioning patients against taking aspirin concurrently. That precaution has, however, been shown to be unnecessary. Patients taking normal aspirin doses do not suffer adverse effects, although the danger is still evident if salicylates are taken in excessively large amounts over a long period (salicylate abuse).

Metabolism

Many interactions occur because drug-metabolising enzymes, particularly in the liver, are induced or inhibited by the previous or concomitant administration of other drugs. Environmental and hereditary factors can also modify such enzymes⁷. The duration and effect of drugs is reduced by enzyme induction and increased by inhibition. Some drugs, for example, chlorcyclizine, glutethimide and phenylbutazone, can inhibit or induce metabolising enzymes depending upon whether they are administered acutely or chronically.

Table 3 and 4 list some drug interactions due to enzyme modification. Drug interactions involving oral contraceptives are mainly but not exclusively caused by liver enzyme induction. Anticonvulsants, ampicillin,⁸ cholesterol-lowering agents, phenylbutazone, rifampicin, sedatives and hypnotics (not benzodiazepines) may reduce oral contraceptive efficacy.

Receptors

Drugs may interact by antagonising each other at the same receptor site (competitive antagonism) or at separate but physiologically related sites (physiological antagonism). Pharmacology is rich with examples of competitive antagonism: histamine and antihistamines; cholinergic drugs and atropine; morphine and nalorphine; isoprenaline (cardiac effects) and propranolol; coumarins and vitamin K₁; folic acid and methotrexate.

The adrenergic blocking drugs (guanethidine, debrisoquine and bethanidine) provide an example of physiological antagonism. Such anti-hypertensive drugs are concentrated in adrenergic nerve endings by the same amine pump that takes up circulating catecholamines. The tricyclic antidepressants, imipramine, desipramine and amitriptyline are potent inhibitors of this mechanism. Therefore

if desipramine is prescribed for a patient on hypotensive therapy with bethanidine there will be drug antagonism and the blood pressure will rise because bethanidine will not be taken up into the adrenergic neurone.

A further example is the prolongation of insulin hypoglycaemia by propranolol. Release of lactate from muscle is prevented by propranolol and, because the liver normally converts lactate into glucose, the induced hypoglycaemia is additive to that produced by insulin.

Excretion

Passive re-absorption—many drugs are weak electrolytes and passive re-absorption can only take place in the non-ionised lipid-soluble form. The degree of ionisation is determined by the pH of the renal environment and therefore changes in pH must influence the re-absorption or excretion of the drug.

Drugs which are weak bases, for example amitriptyline, amphetamine, chloroquine, antihistamines, imipramine, mecamylamine, morphine, pethidine and procaine, are excreted more rapidly in urine of low pH and more slowly at high pH. Conversely weak acids such as nalidixic acid, nitrofurantoin, phenobarbitone, salicylic acid, streptomycin and some sulphonamides are excreted more rapidly at high urinary pH and more slowly at low pH.

Active secretion—many acidic drugs and metabolites are actively secreted by the proximal tubular active transport mechanism and interactions may arise from competition for this system. Drugs actively secreted include acetazolamide, chlorpropamide, hippuric acid, indomethacin, oxyphenbutazone, penicillins, phenolsulphonphthalein, phenylbutazone, probenecid, salicylic acid, sulphapyrazone, sulphonamide, sulphonic acids, thiazide diuretics and many drug metabolites.

Examples of drug interactions arising from competition for tubular secretion are: dicoumarol and chlorpropamide leading to accumulation of chlorpropamide and resultant hypoglycaemia; oxyphenbutazone and penicillin which delays the renal excretion of the antibiotic; probenecid and indomethacin which inhibits the renal excretion of indomethacin.

Probenecid is more widely known for its use in slowing down the renal excretion of penicillin. However, urinary probenecid inhibition of penicillin, cephalixin and cephaloridine has also been used to increase their biliary excretion thereby raising concentration in the biliary tract. This improves their efficacy in the treatment of cholecystitis.

Of necessity one must give the impression that all drug interactions have an adverse effect on the patient; that is not so, since many are of value (for example diuretics plus antihypertensives; phenobarbitone plus phenytoin, probenecid plus a cephalosporin antibiotic). It is perhaps inevitable, however, that adverse effects receive greater attention.

Concluded opposite

LILIA~WHITE NEWS

No. 6

WINTER 1977-78

A SUPER PLUS FOR YOUR CUSTOMERS

Lilia-White have just announced the introduction of Panty Pads Super Plus – an extra absorbent press-on towel for women with a heavy flow. 'Super Plus' completes the range of press-on towels from Dr. White's Panty Pads. Now available in three absorbencies, Regular, Super, and Super Plus, Panty Pads offers women the most comprehensive choice of press-on towels in the sanitary protection market.

Speaking at a recent Sales Conference to announce the new absorbency, Product Group Controller Philip Barnes explained "We have monitored the development of the press-on towel market very closely and it has become clear in the past two years that more and more looped towel users are switching to Panty Pads. However, our research has indicated that there was not a press-on product which offered complete security to women with heavy periods, e.g., those normally using a Size 2 looped towel. Extensive research proved that there was a substantial market for a press-on towel giving the extra absorbency and protection offered by a traditional Size 2 looped towel. Panty Pads Super Plus fills the gap. It has been thoroughly consumer tested and received an overwhelming 65% preference when tested against a competitor's large size press-on towel.

Sales of Panty Pads will grow faster

Philip Barnes added "We expect the introduction of Super Plus to contribute significantly towards the growth of the press-on towel market, and specifically to increase total Panty Pads sales. In its first year Panty Pads Super accounted for only 15% of

total Panty Pads sales – now it accounts for almost 35%. We don't think it will be long before Super Plus also proves its appeal to consumers". Panty Pads now offers absorbencies for all normal menstrual usage. The Regular size is particularly suited to younger girls, Super is for women with a normal flow, and finally new Super Plus is for women who normally use a Size 2 looped towel and until now have not had an alternative press-on towel suitable for their needs. With the Panty Pads

range in his shop, the retailer can satisfy the needs of all press-on towel users who continue to be the fastest growing sector of the total sanpro market.

New Modern Eye-Catching Packs

A delightful new pack has been designed for the new product – identifying very clearly the absorbency and the Dr. White's parentage. The colour coded packs have also been designed for the entire Panty Pads range. Full details are on Page 2.



Beautiful New Packs for the Panty Pads range

Introducing the new packs to the Lilia-White Sales Force, Product Manager, Tom Jameson explained "We have been conscious for some time of the need to modernise our Panty Pads pack design. We felt that no time could be more appropriate than the introduction of a third absorbency. One of our main objectives was to differentiate very clearly between the three absorbencies. The choice of colours was extremely important in that both femininity and shelf impact had to be considered. Thorough research gave us the answers and we are confident that the result is tasteful and effective. Bright new colour codings have been introduced - apricot for Regular, lilac-blue for Super, and green for New Super Plus.

Re-Assurance of Dr. White's Name Important

Consumer research has indicated that the Dr. White's name provides vital re-assurance to Panty Pads users. So we have now given 'Dr. White's' the prominence it deserves on the new packs. Together with 'Panty Pads' the two names convey quality, reliability, modernity and convenience more strongly than before.



"Finally" added Tom Jameson, "the central design is a subtle, delightfully feminine development of the Lilia-White corporate Gymnastics Sponsorship symbol. Thus apart from being highly attractive the new design conveys 'freedom'." The new range of Panty Pads is available in newly designed outer cases each containing 24 and 48 packs. Supporting display material,

dump bins and details of bonuses are available from your Lilia-White representative.

"The three sizes of Panty Pads will have continuous promotional and advertising support throughout 1978, totalling £700,000, which is certain to maintain the impressive 30% annual growth rate achieved by the brand since its launch in 1972," concluded Tom Jameson.

"DOUBLE YOUR MONEY" COUPON OFFER FROM LILIA

Lilia - the number 2 brand in the looped towel market - will shortly be featuring a heavyweight consumer offer. Certain supply problems, incurred following the re-launch in July 1977, have now been overcome. Lilia-White apologise to all customers who have been affected by the Lilia problems and thank them for their patience. The new promotion, planned for February, enables consumers to save up to 28p on a single purchase of Lilia.

Announcing the scheme to the Lilia-White Sales Force, Product Manager Margaret Holmes said "Lilia responds well to 'money saving' offers and our new promotion, whilst being a little different, provides a strong consumer incentive to purchase. Inside each special flashed pack of Lilia is a coupon worth 7p against a consumer's next purchase which may be used in part payment at a retail outlet.

Alternatively, consumers may buy two special packs and send the coupons to a handling address, the total face value of those coupons being 14p. In return consumers will receive a 28p voucher - (thus doubling the value of their coupons) - which may be used in part payment against one pack of Lilia".

Tremendous response expected

Margaret Holmes concluded "We expect a tremendous response to this offer - and look forward to significant long term increases in sales and brand share. Lilia has stabilised its position in the sanpro market since its re-launch last summer. It is an excellent product, offering superb comfort and absorbency as well as being completely flushable. We know that our Trade customers are supporting the product wholeheartedly

and we look forward in 1978 to giving them in return all the support they deserve in the form of consumer promotions and special bonuses".



Sensational Free Greetings Cards Offer from Dr. White's

For the first time in recent years Dr. White's is featuring a consumer free mail-in offer. Product Manager John Morrison announced details of the promotion at the recent Lilia-White National Sales Conference.

"Over 2 million packs of Dr. White's will shortly be featuring an offer of a set of five birthday cards and envelopes – absolutely free in return for two special Dr. White's pack fronts. The five quality cards are available in a choice of three popular designs:— 5 different floral arrangements, 5 delightful countryside scenes or 5 cartoon Jungle Friends". Lilia-White are confident that the offer will appeal directly to Dr. White's users whether they are young mothers or older women. "After all" continued John Morrison, "the offer will save women a significant amount of money on another 'necessity' item.

In fact, we each send and receive about 50 greetings cards a year – so 5 cards free will be very acceptable. In addition to the consumer offer there will be attractive trade bonuses – and the opportunity to obtain free sets of the greetings cards with each order!"

Dr. White's – The Leading Brand In The Entire Market

"We cannot overestimate the importance of Dr. White's in the sanpro market" said John Morrison. "1 out of every 4 women who have periods use Dr. White's – making it the most trusted name in sanitary protection. During 1978 we will again be spending heavily on consumer promotions like the free Greeting cards offer outlined, and consumer advertising. Our aim is to ensure that Dr. White's stays where it belongs – clear brand leader in the towel market".



Fastidia Leads in £2 million Mini Pad Market



Fastidia, the outright brand leader in the mini-pad market, has shown a volume increase of over 10% in the current year.

Fastidia was pioneered by Lilia-White as the pad for non-menstrual use, where it has found widespread popularity. As well as this, it is now marketed as a dual purpose product with advertising to indicate its value as added protection for the tampon user.

This market is now worth over £2 million at RSP and has to be viewed as a growth area. Increased advertising which encourages sampling, plus on pack promotions, are scheduled for 1978.

The free lecture service given by the Lilia-White State Registered Nurses adds to the advertising support given to Fastidia as part of the full range of sanitary protection marketed by Lilia-White.

... And Super Leotards from Lil-lets

Lil-lets growth in sales in 1976 and 1977 has been phenomenal. The brand now enjoys a share of 43.9% of the Tampon Market in Chemists and 30.5% in Grocers. Since its introduction in the summer of 1976 Lil-lets Mini has made a significant contribution and now holds 3% of the Tampon Market in Chemists.

Product Manager, Chris Leeman explained the reason for Lil-lets success "Lil-lets is the only Tampon available in a choice of four absorbencies. Unique widthways expansion means that Lil-lets can offer users total confidence and reassurance. Our continuous programme of consumer advertising, consumer and trade promotions has helped us to achieve very encouraging results and we look forward to an even better performance in 1978."

Chris Leeman continued "To reflect the complete freedom associated with Lil-lets we are featuring a consumer offer of a top quality regulation Leotard normally retailing at £3.25 for only £2.25 plus one pack front. In addition, every consumer who sends for a Leotard will receive absolutely FREE a full colour "Keep Fit Wallchart".

"Lilia-White, of course, sponsor the highly successful National Gymnastics Championships for Girls – and clearly the appeal of a Leotard offer is obvious. However, leotards are not just required for Gymnastics. Many thousands of girls and women also practice Yoga and Keep Fit. They also use Lil-lets!

"This promotion will further help to convey the modern young image for Lil-lets and we are confident"

concluded Chris Leeman "that it will help to attract many more new users".

The offer is supported by attractive display material. Your Lilia-White Representative will assist you in obtaining the maximum benefits from this promotion.



HERE'S A SUPER PLUS FOR YOU!

25 SUPER PLUSTRON T.V. GAMES

to be won in the Panty Pads

'SPOT THE MISTAKES'

Competition

Yes! You could win one of these Plustron T.V. G1000 games. Great fun for all the family. Simply plug into your television aerial socket and you are all set to play tennis, football, squash - and special "practice" feature too so you can train and become an expert!



How to enter

Just look carefully at the display of Panty Pads packs shown below. Two of the packs shouldn't be there as they have mistakes on the front. Simply circle the two packs you think contain the errors. Complete the competition sentence in an apt and original way and send your completed entry to:
Panty Pads Super Plus Competition,
P.O. Box 64, Maidenhead, Berks.
Competition closes February 17th 1978.

- Rules**
1. This competition is open only to bona fide trade customers who purchase Panty Pads and who are permitted by their employers to enter such competitions.
 2. The how to enter instructions form part of the rules.
 3. The T.V. games will be awarded to the 25 entrants who correctly identify the packs containing mistakes and, in the event of a tie, complete the competition sentence in the most apt and original way.

Entry Form

Name

Company

Address

Now complete the sentence: (Using not more than 12 words)

I think Panty Pads Super Plus will be another winner from Lilia White because

.....
.....

Post completed entry form to:

Panty Pads Super Plus Competition
P.O. Box 64, Maidenhead, Berks. SL6 1HS

Circle 2 packs on this picture



It is important to keep the drug interaction problem in its right perspective. In many instances the doctor need only be aware of the possibility of interaction and to allow for it when considering dosage. In other circumstances, alternative drugs may have to be substituted.

A final word of caution; so far the interactions discussed have been caused by adding a drug to an established therapeutic regimen. It is equally true that sudden withdrawal of a drug from a patient stabilised on multiple drug therapy may also evoke adverse effects. The drug components left can show hyperactivity or alternatively inactivity depending on whether the discontinued drug was acting as a brake or an accelerator of the remaining drug.

Awareness of the problem is the first step in reducing the hazard of some medication and bringing drug reactions and interactions into manageable proportions. Nevertheless there are few, if any, drugs presently marketed in the UK whose benefits do not outweigh their risks, and in most cases the benefit to risk ratio is quite high. They would not be prescribed if this were not so.

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NDAB acknowledges drug monitoring by pharmacists

Acknowledgment for the determined efforts of pharmacists and doctors in post-marketing drug surveillance is made in the National Drugs Advisory Board of Ireland annual report 1976 by the chairman, Professor Fitzgerald. Without those efforts, monitoring would be much less comprehensive, he says.

In many instances the Board had good evidence of the interest and active concern of pharmacists and doctors. During the year the alertness of a hospital pharmacist and the informed suspicion of several practitioners had alerted the Board to certain hazards leading to the recall of some batches of a drug. Professor Fitzgerald says the continued surveillance of drugs after marketing could not be over-emphasised.

During the year the Board received 463 reports from pharmacists and doctors from which 844 side effects were recorded. Approximately 30 per cent of adverse effects followed the use of central nervous system drugs and 25 per cent occurred with anti-infectives. Both anti-inflammatories and β -adrenoceptor blocking agents each accounted for about 10 per cent of reports.

Reactions to which attention is drawn particularly include a case of renal papillary necrosis with aspirin; jaundice with brompheniramine; possibly association of oestrogens with avascular necrosis of the head of the femur; three cases of adrenocortical suppression following use of topical corticosteroids and a case of Stevens-Johnson syndrome in association with a sulphonamide not ordinarily re-

garded as capable of absorption. The reports points out that β -blocking agents other than practolol may have a similar potential for adverse effects. Close attention should be paid to suspicious effects indicating immunological variations, gastro-intestinal disorders or effects on epithelial tissues. The Board notes that doctors and patients are more alert to the possible relationship between drugs ingested during pregnancy and congenital abnormalities.

During 1976 the Board began the first stage of the review of established medicines. In the case of many products for review the Board regrets that little documentary attention had been paid by some companies to collation of reports of unusual or adverse effects associated with their drugs. Such an omission is a misfortune in the history of any therapeutic agents because it limits the advance of information, the report says.

Drugs specially considered during the year included amaranth which was reported to have proved carcinogenic in rats, but the studies were thought to be inconclusive by the Board and therefore no change in status was recommended. Reports of hepatomata in mice following prolonged administration of high doses of chloroform were confirmed by the National Cancer Institute and consequently the Board notified pharmaceutical companies that discontinuation of the use of chloroform might be required. After reports of side effects with metoclopramide the Board noted that in many instances repeated or continued use of

the drug might possibly have been avoided. In addition, dosage used was higher than the accepted limits for younger age groups. A warning was circulated to practitioners.

At the request of the Minister of Health, the Board considered the advertising of medicinal products to the general public. It recommended that a positive code of advertising be established and that the layman should be properly informed on any product. Education on health care should commence in schools and continue with the adult. An independent body of interested parties should be established to "vet" advertising content. The Board emphasises that advertising of medicinal products requires special care and sufficient information should be available to the consumer to allow a rational decision.

A programme of sampling and analysis of medical preparations by the Board was initiated in 1976 and now formed an integral part of surveillance arrangements. Samples were selected on the following basis: during inspection of premises; surveys of groups of existing drugs; where defects or adverse reactions had been reported. During the year 74 samples had been submitted to the Public Analyst's Laboratory, Galway (acting for the Board).

The Board, says the report, will be reluctant to sanction the marketing of any new herbal preparation (mixtures of naturally-occurring preparations) without "the most searching investigation", but does not feel it can take any action in medicines sanctioned by traditional use, provided adequate assurances of quality and safety are available. After reviewing reports on pertussis vaccination the Board recommended vaccination should not be offered to persons with a history of convulsions, pyrexia or concurrent infection, a history of neurological abnormality or disease.

Product authorisation

Commenting on applications for product authorisations, the report says that where antibiotic raw materials are said to comply with pharmacopoeial specifications further information should be included on fiducial limits of error of estimated potency and specification limits between which the potency may vary. Manufacturers often omitted to update standards of content, uniformity and dissolution for older products. Applications where adverse effects reports were absent suggested that manufacturers had not established any system of monitoring. The Board emphasises that *in vitro* results could not be equated with *in vivo* effects without studies providing direct evidence of such a relation. The aim should therefore be to provide results for both.

The Board recommended that all parenteral products should carry an expiry date, even if the shelf life exceeded three years. Consideration would be given in individual cases if data provided evidence of continued stability in excess of five years.

A new rodenticide for warfarin-resistant mice

by A. P. Meehan, BSc, chief biologist, R & D division, Rentokil Ltd

Until recently, most rodenticides were of two types: *acute*, those that kill after a single feed, and *chronic*, those requiring several days or weeks feeding to kill.

Of the acute poisons, alphachloralose (marketed as Alphakil) is perhaps the most popular. It works within an hour, lowering the animal's body temperature and inducing sleep before death. One limitation, however, is that in very warm premises, mice may recover from its effects. Other materials, such as zinc phosphide, are less favoured because of their greater hazard and the risk of secondary poisoning.

Virtually all chronic rodenticides are anticoagulants, either hydroxycoumarins (eg coumatetralyl, warfarin) or indanediones (eg chlorophacinone, pindone). They prevent blood clotting and cause death from internal haemorrhages. Mice vary widely in their susceptibility and some require to feed for three weeks before succumbing.

Urban area problem

The major problem with anticoagulants is that in most urban areas of the UK, rodents have become resistant. Not surprisingly, evidence for warfarin-resistance has also come from the USA, Western Europe and South Africa. Resistance does not mean that it is impossible to kill resistant mice: it implies that a proportion of the population can survive the commonly used concentrations. As these survivors breed, the resistance of future generations continually builds up. Since, in favourable conditions, a pair of mice produces litters of eight or more every three weeks, selection of resistant animals occurs rapidly. Increasing the rodenticide concentration in an attempt to overcome resistance has proved unsuccessful since this reduces the palatability of the bait and presents a greater hazard of accidental poisoning to man and animals.

Fortunately, the *sub-acute* rodenticide, calciferol, overcomes the problem of resistance. After trials by the Pest Infestation Control Laboratories (PICL), and pest control servicing companies, the compound has been given official approval for use by the Ministry of Agriculture, Fisheries & Food (MAFF) under the Pesticides Safety Precautions Scheme.

Calciferol is termed sub-acute because it kills more rapidly than chronic poisons (see figure) but less quickly than those with acute action. Mice normally feed on calciferol (at 0.1 per cent) for about two days. The compound's overwhelming advantage is that it kills warfarin-resis-

tant rodents. Calciferol stimulates the removal of calcium from the intestine and bones, producing an abnormally high and fatal level in the blood which is then deposited as "stones" in the soft tissues. This process takes place over a period of a day or so after the rodent consumes the bait, but death can be delayed for seven days.

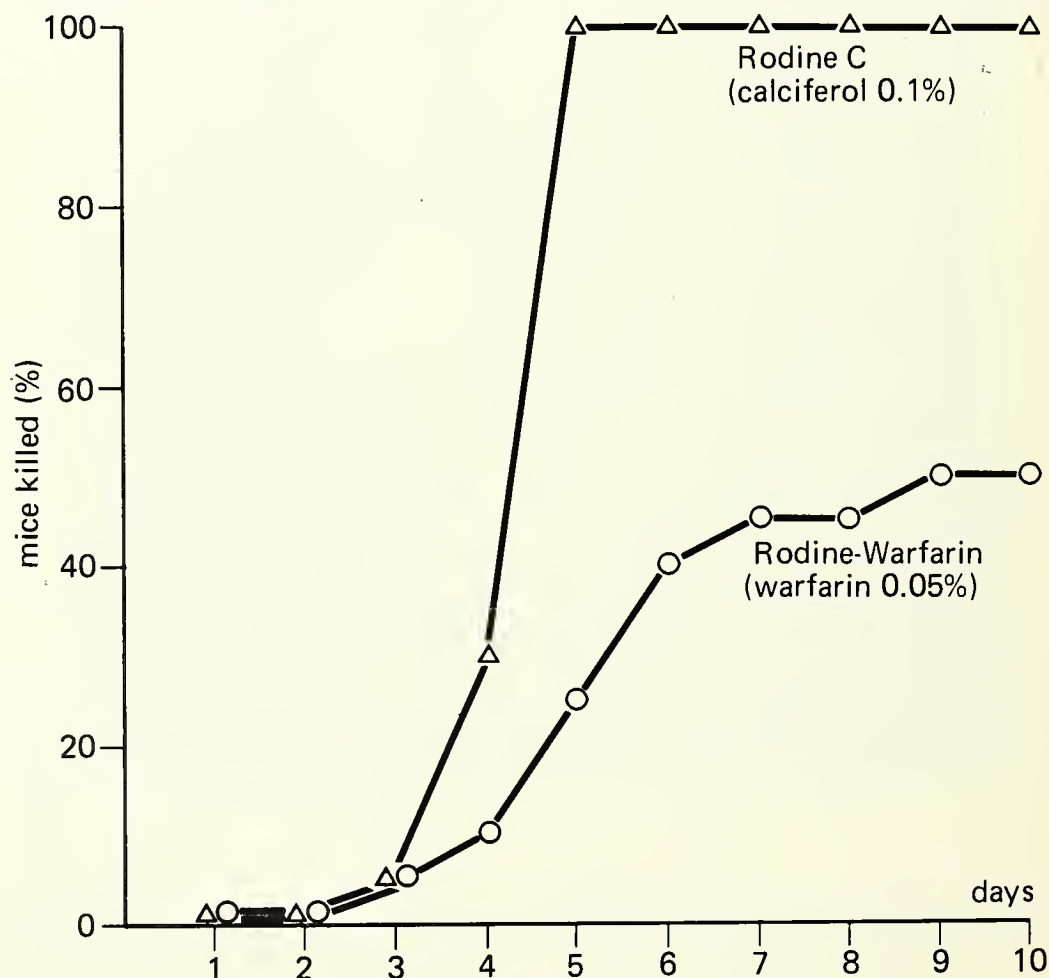
The time lag between taking the rodenticide and its action allows time for treatment to be given in the event of accidental poisoning. There is however, in common with most toxicants, no specific antidote. The animals most at risk are dogs and cats, the former comprising about 80 per cent of an estimated 4,700 rodenticide poisoning incidents with warfarin in the UK. The acute oral LD₅₀ of calciferol to dogs is 12-20mg per kg. Since calciferol baits contain 1mg of active ingredient per gram of bait, a 10kg dog would have to consume 15 ten-gram baits for an LD₅₀ dose.

Field trials by the Danish Pest Infestation Laboratory (DPCL), and by PICL have shown that calciferol is a most effective rodenticide. Early work involved the use of calciferol-warfarin mixtures but it is now clear that the addition of

warfarin is of no benefit—indeed, tests have shown it may even reduce the palatability of baits. As M. Lund of the DPCL wrote, "calciferol was equally successful whether used alone or in combination with warfarin against anticoagulant resistant rodents". Field trials carried out by Rentokil Ltd over the past three years produced exactly the same conclusion.

Rodine C was therefore specially formulated without warfarin and, as a service product, the company has used over 250 tons since 1974.

The retail product is available in packs of five 10g sachets. The formulation contains a brown dye to indicate the presence of calciferol: all veterinary surgeons in the UK have been notified of this colour coding. The Rentokil range of rodenticides now comprises: Rodine-warfarin, for rat control in rural areas; Alphakil, a 4 per cent alphachloralose bait for the control of mice in cool premises; and Rodine C, a 0.09 per cent calciferol formulation suitable for mouse and rat control, but particularly effective for mice indoors—irrespective of temperature or whether the rodents are warfarin-resistant.



Comparison of effectiveness of calciferol and warfarin based formulations. The rodenticides were fed in competition with unpoisoned food for 4 days; 20 mice were used in each test. Effective control with Rodine-warfarin is achieved if mice feed for 7-8 days.

How calciferol acts in man

(See Mr Meehan's article opposite)

Pharmacists may be wondering how vitamin D₂, an essential ingredient in the human diet, acts as a rat poison.

Merck Index gives a recommended daily dietary allowance in humans up to 20 years of age, and during pregnancy and lactation of 400iu. The compound regulates absorption of calcium and phosphate from the intestine and has been used medically for prophylaxis and treatment of vitamin D deficiency, in chronic arthritis, psoriasis, allergies and menopausal syndrome. Oral doses are 200 to 60,000iu daily, but some patients have required 1,500,000iu daily. Prolonged administration of 100,000 to 150,000iu daily in adults or 30,000 units or more in children is likely to cause toxic symptoms. Calcium and phosphorus concentrations in serum and urine increase and calcium may be deposited in the tissues, including the arteries and kidneys, causing hypertension and renal failure.

Calciferol is present in Rentokil baits at about 0.1 per cent; for mouse control 5 to 10g baits are used. Since 1mcg of calciferol is equivalent to 40 iu, then 1g of bait contains 40,000 iu, approximately equivalent to the dose of a high strength calciferol tablet or capsule.

Food labelling

The Food Standards Committee has recommended that, as a general policy, all prepacked foods and drinks of more than one ingredient should be required to bear a full list of ingredients on the label. Negotiations are proceeding on the EEC draft Directive on food labelling and the views of the Food Standards Committee, published in the "Report on exemptions from ingredient listing and generic terms," are being taken into account. Comments on the report should be sent to food standards division, room 419, Great Westminster House, Horseferry Road London SW1P 2AE.

Sugar rebates

Several British chemical companies will be receiving rebates from the EEC totalling over £½ million for sugar used as a raw material for products subsequently sold outside the EEC.

Several firms use sugar to feed the micro-organisms which produce vitamins and antibiotics. Because of the difference between the EEC price of sugar and the world price, these firms will, as a result of representations from the UK Chemical Industries Association, receive rebates calculated on this difference. CIA expects the rebates will encourage companies to switch to sugar rather than the more expensive alternative nutrients now used, thereby helping to reduce the EEC's "sugar mountain" and keeping down the price of medicines made in the UK.

Activity sampling for labour costs

The National Health Service is complex and not fully understood by many contractors. This article is the first in a series covering various topics relating to the contract and chemists' remuneration. The series follows discussions with Mr A. J. Smith, Pharmaceutical Services Negotiating Committee chief executive.

Payment for labour forms the highest proportion of contractors' NHS remuneration and, unlike profit margin and proprietors' notional salary, is not negotiable. Its cost is determined by inquiries (recently held every four years). Activity sampling is used to determine the proportion of time the proprietor and his staff devote to NHS work.

A sample list is drawn up by the Department of Health representing all types of pharmacy—independent, multiple, rural, urban, etc. The method of choosing the sample is agreed by the Pharmaceutical Services Negotiating Committee, who may challenge the inclusion of any pharmacy which it feels is not typical. Invitations are then sent to those contractors on the list and although there is no compulsion to take part, it is hoped that the majority will co-operate. Refusals usually come from proprietors. Eventually a sample of about 220 is finalised. Contractors receive a nominal fee for filling the required forms when taking part. The Department and PSNC appoint nine observers each who, after a week's training including a "dummy run," visit the pharmacies in pairs for a day. PSNC observers are pharmacists—often retired ex Local Pharmaceutical Committee chairman. The sampling period covers different types of day—half days, Saturdays, market days, rota days etc.

The observers record the activities of each member of staff (unless never engaged in NHS work, such as cosmetic counter assistants in large multiples) every two minutes under six headings: NHS, retail, common, absent, lunch and no activity.

Past results

The ratio of NHS activity to the total activity is calculated and applied to the staff salaries with an allowance for porters and canteen staff, etc. Past inquiries have revealed that managers and proprietors spend 75 per cent of their time on NHS work; additional pharmacists, 85 per cent; dispensing assistants, 68 per cent; counter assistants, 12 per cent. Results are normally consistent with forecasts. Overheads inquiries are also held on the same sample of pharmacies (This will be the subject of a later article). PSNC is currently awaiting the results of the 1977 inquiry.

Weaknesses of the activity system are statistical errors within the sample and

that people tend to work harder when observed, thereby adding bias to the inquiry. Those taking part are asked to work at their normal rate—doing little NHS work could reduce eventual remuneration whilst spending the whole day on NHS work could produce additional remuneration. Equally the relative wage of persons performing NHS work will influence the inquiry. Highly-paid counter staff would contribute more to the overall cost than lower-paid staff. Counter advice on medicines may be assessed as retail if a sale is made but common or NHS if the customer is advised to see a doctor.

On a sampling day, the more time spent on NHS work and the fewer prescriptions dispensed the higher the payment per prescription will eventually be because the total payment is distributed per prescription. Equally the converse applies. Health centre pharmacies have not in the past been included in the sample because they were regarded as atypical, having a low overhead per prescription ratio. However, as they become more common they may be included—thereby lowering the overall remuneration.

Full time payment

PSNC is negotiating to change the cost inquiry to one in which the first pharmacist is paid for the full time spent on the premises and the staff costs are assessed from a staff to turnover ratio basis. The arguments for such a full time payment are that under section 43 of the National Health Service Act 1977 all medicines should be dispensed by or under the supervision of a pharmacist and that the NHS (General Medical and Pharmaceutical) Regulations 1974 specify hours of service. PSNC contends that a pharmacy must be open to supply drugs and appliances during the stated hours (9 am - 6 pm and 9 am - 1 pm half day) and the pharmacist must be present during those hours. The pharmacist is therefore obliged by contract to be present regardless of whether he dispenses any prescriptions or not and consequently should be paid in full for those hours—not a proportion of them determined by activity sampling. The extra remuneration obtained would allow payment for the pharmacist's time spent on primary health care advice for which he is unpaid at present.

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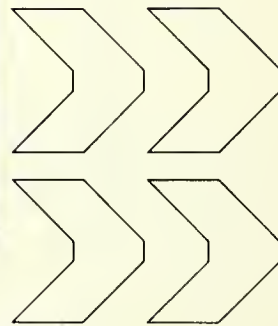
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LETTERS

No October revolution

I thank Mr G. Urwin for his letter (*C&D*, December 24/31, 1977), in reply to echoes from the mists of Mona. Having made the effort to attend the London conference, expecting in my innocence an "October revolution," I was indeed disillusioned. I was so struck by the complacency that I was moved to state from the microphone that I was prepared to go on strike.

None of the subjects Mr Urwin calls echoes was discussed and I omitted one in my previous letter regarding hours of service. What happened to the 5.30 pm closing time and the rota 5.30-6.30 pm? In Gwynedd we cannot implement earlier closing because the hours are decided nationally in London. Shorter hours cannot be a pay rise for pharmacists who only get paid if they work. A rare self-employed status, as many who work in this country are now paid even when they are not working.

The conference platform insisted on limiting discussion to Mr Ennals' proposals even after they had been defeated. I am happy to learn from Mr Urwin that these matters are still alive and not forgotten and would assure him that, when the sun goes down in the West, there is someone prepared to slide down the bronzed face of the Society's new building in the nude with a mortar between his knees and a pestle stuck up his nose, so long as the Bishop is not embarrassed over the road!

R. N. Thomas
Holyhead

New contract needed

The cost of providing a pharmaceutical service bears no relationship to the number of prescriptions dispensed. Attempts over the last 30 years to find a relationship have failed and will continue to fail because the problem is a non-sequitur.

It has resulted in multiples and large pharmacies being paid vast sums in excess of their due at the expense of the more modest establishments. It has encouraged rota breaking, leapfrogging and doctor dispensing.

The blame for this can be laid squarely onto the PSNC who have pursued a policy of "Fall up the ladder Jack" throughout this period. How else could our largest multiple be paid as 1,200 separate units instead of one, subsidised by the very pharmacists it is putting out of business?

Let's concentrate on essentials. Solicitors are not paid by the number of letters they dictate. Hands up those "one man" pharmacists who would be happy to take home the notional salary converted into cash. This is the amount of real money actually being paid out by the NHS. If they are not getting it where is it going? The answer is simple—stolen by their richer colleagues, or

rather, conned out of it by the PSNC. This is what the notional salary is—a confidence trick to ensure that the rich get richer on the backs of the poor.

The remedy is simple—a new contract:

1. Each pharmacy to be paid an establishment fee ie the actual cost of providing premises. The Department of Health has already accepted the principle of accountant's figures being used for the small pharmacies scheme.

2. The notional salary converted into a real salary. Where two or more pharmacists are employed, an extra amount to be paid monthly and signed for by the pharmacist employed.

3. Drugs, etc, paid at cost and a small percentage to cover leakage and replacement and inflation.

4. Profit on capital employed. Let not the PSNC bleat that the Department will not pay any more. The Department need not pay any more, the money is already being paid—all it needs is redistribution.

The above system would end leapfrogging, rota breaking and doctor dispensing but I am cynical enough to believe that a negotiating committee is not going to change after 30 years.

The only ray of hope I can see is ASTMS—and that isn't much.

W. B. Hannon
Westgate, Co Durham

Bottle question

I notice that Mr Tallett (December 17, 1977, p891), an area pharmaceutical officer, took issue with Xrayser's recognition of the problem of amber bottles. Of course, Mr Tallett, I agree—the elderly should read the label—but we live in a real world. Some people cannot read labels and the physical appearance does help them. Many can read, but only just. Some medicines are given at night by sleepy people in poor light—I know they should not be—but they are and anything we can do to help, we should do—and if a clear bottle is easier for a patient than an amber one, why not use a clear one? I take your reprimand that all pharmacists checking a prescription must check the bottle from which the product comes—I am sure we all do—but you know Mr Tallett, I am that much happier when dispensing, say, Benylin and pholcodine for the same patient, to have that extra check of seeing which is which in a clear bottle rather than labelling two apparently identical amber ones. And Xrayser himself agrees in his latest comment (*C&D*, December 24/31, 1977).

By all means if amber bottles are better for the product, use them—but if clear bottles are easier for the patient and better for the pharmacist, then don't decry their use.

D. L. Coleman
Stalham, Norfolk

Although I am probably an even more fervent advocate of clear bottles than Xrayser, I am forced to agree with practically everything written by Mr Tallett. Unfortunately Mr Tallett's counsel is a

counsel of perfection and during nearly 50 years in pharmacy I have learnt to distrust counsels of perfection.

Certainly, patients of all ages should read the directions—possibly many do when they first receive the medicine—but I suspect that later it becomes two yellow ones in the morning and a green and white one at night with a spoonful of the red medicine if the cough is troublesome. Mr Tallett should also bear in mind the millions of prescriptions issued with no directions where I suspect that the doctor has also used colours to identify the various items when giving verbal instructions.

I have no objection whatever to Mr Tallett or any pharmacist using any colour of bottle—amber, blue, black or striped—according to his own preference so long as I can obtain supplies of clear bottles for my own use. There is, of course, some doubt as to whether the present amber bottles give much, if any, protection from light, and those who favour their use might be better employed counselling patients to store their medicines in a dark cupboard. Again a counsel of perfection.

A. Medcalfe
Lancaster

Northern links

Mr N. Baumber has implied that Mr Geoff Urwin is responsible for the lack of a linking structure between himself as PSNC representative and the members of the northern electoral region.

This, of course, does not indicate the true picture. Mr Baumber will recall that at the first Lincolnshire meeting, Geoff Urwin was one of the principal speakers and the question of communications was never raised from the floor. Mr Baumber, with his past experience, will know that pharmacy is riddled with apathy and that speakers like Geoff Urwin can tour the country, as indeed he has done, yet pharmacists will not link up together. In the past few months he has spoken at places as far apart as Doncaster, North Tyneside and Hull within his region and London and Brighton outside his area. I agree that the northern region is a very big one but Geoff Urwin has risen to the challenge magnificently as many contractors will remember when he has visited their particular area.

Whilst I do not accept all of his views on trade unions, at least he appears to be disturbing some of the apathy which exists. In any event, whilst Geoff Urwin is one of the prime promoters of trade union principles in the country, the final decisions to be taken on trade union tactics will, no doubt, rest in the hands of PSNC and a further conference.

Geoff Urwin has never refused to attend a meeting of contractors in the northern region but at the same time he cannot present himself where he has never been invited to attend. Contractors who have met him will know he has served his area well.

J. S. Anderson
Newcastle upon Tyne

An MP's view of pharmacy

It would be wiser to wait until the general economic climate improves before renegotiating the NHS contract . . . pharmacy might get a favourable reward from arbitration but the delay in settling the issue would be to the Government's advantage. These are some of the views of Mr Kenneth Clarke, MP, a Parliamentary adviser to the Pharmaceutical Society, expressed in an interview with C&D.

Mr Kenneth Clarke, Conservative Member of Parliament for Rushcliffe and a barrister, was appointed a Parliamentary adviser to the Pharmaceutical Society in January 1977, having moved in November 1976 from Opposition spokesman on health to Front Bench spokesman on industry. He believes he could not have been an adviser on health while being its Opposition spokesman.

The Parliamentary adviser's duty is to keep the Society in touch with current events and to indicate the best ways to influence Parliament. Mr Clarke feels that, as adviser, he should not personally speak on pharmaceutical matters in the House but interest other MPs to take up the cause. He did not initiate the "early day" motion on pharmacy remuneration, for instance, but asked Mr John Ovenden (Labour) and Mr Jim Lester (Conservative) to table it. Mr Clarke signed at a later date. He is also in regular correspondence with the Department of Health on pharmacy's behalf but a condition of accepting the post of adviser was that he would not take up a cause for pharmacy in which he did not believe. To date that situation has not arisen.

Liaison with Society

Mr Clarke liaises mainly with the Society's publicity department. He says the Government has recently become much more aware of pharmacy and the public's concern for it, and knows an unpopular move would provoke reaction. He quotes the Criminal Law Bill which raised the penalties for illegal sales of non-medicinal poisons, bringing them into line with penalties for illegal sales of medicinal poisons (*C&D*, July 16, p98). The Government had accepted the Conservative amendment and the anomalies had been corrected with relative ease. One particularly sensitive area is the pharmaceutical service in a Member's constituency. When that service is threatened, such as with pharmacy closures, MPs are usually sympathetic to the case.

To promote relationships with pharmacists, he has been speaking to a number of local Pharmaceutical Society branches. He feels the NHS contract is too complex and finds that many pharmacists do not fully understand it. He has never attempted to become a "poor-man's pharmacist"—a little knowledge could be dangerous, he accepts.

As far as pharmaceutical affairs are

concerned, the past few months have been dominated by the "early day" motion, and the analgesics controversy occupied the early part of last year. Mr Clarke feels the Minister of Health risked making a fool of himself by changing his mind again on the analgesics issue and hence allowed them to remain on self-service sale. However, Mr Clarke expects the case will be reviewed in time.

Asked about the Pharmaceutical Services Negotiating Committee's decision to press for arbitration on the remuneration claim, Mr Clarke said he expected pharmacy to get a favourable reward from arbitration but the delay in settling the issue would be to the Government's advantage. He thought the pharmaceutical profession too small to justify money as a means of offsetting unemployment. The main problem was the lack of Government money, which was controlled by the Treasury. The Department of Health's bargaining position with the Treasury was not good and the Treasury could not be questioned on health matters in the House.

Mr Clarke believes the divisiveness of the differential on-cost has weakened pharmacy's negotiating strength. He does not think, in the present economic climate, that the NHS contract should be renegotiated; it would be better to wait until more money was generally

Mr Kenneth Clarke MP (Photo copyright Universal Pictorial Press)



available, he suggests. Although North Sea oil would not be the great bonanza expected, the time was approaching for setting priorities for extra benefit from it, and health and social services would always be a high priority of any party. Mr Clarke hopes to take the Conservative health and social services team to meet pharmacy's negotiators—but not while the negotiating climate is unsettled.

If the Conservative party gains power in the next election, Mr Clarke expects pharmacy to achieve more of its claims. Although no Opposition party commits itself to precise figures the Conservatives are sympathetic to pharmacy's case and want to do better for the profession. Asked if all Opposition parties do not want to do better than the government of the day Mr Clarke said the Conservatives had acted responsibly in backing spending cuts by the Government and consequently did so in its claims.

No pharmacist MPs

Mr Clarke feels it unfortunate but not disastrous that there is no pharmacist MP. He thinks it would be helpful to have first-hand advice in the House but there could always be accusations of vested interest and a consequent loss of sympathy for an MP who spoke on behalf of his own profession.

Mr Clarke would like to extend the pharmacist's scope, fitting him better into the health care team. An advocate of preventive medicine, he sees the pharmacist taking an active part, particularly in patient screening, and thinks the pharmacist could produce a cost-effective contribution if used more.

He is a great believer in health centres, but in their development due regard must be given to existing community pharmacies, he says. He hopes the independent pharmacist never vanishes. To that end he is hostile to a salaried service which he predicts would weaken the profession's standards. He does not think it wise to form a pharmacy trade union because it could never have great bargaining power and pharmacists would have everything to gain from a climate in which muscle did not count. He thinks a profession should not imitate militant trade unions. He would like to see the Society increase its activity in achieving more for pharmacists—professional bodies tend to remain aloof, he says.

During his first year of being a parliamentary adviser, Mr Clarke seems to have gained considerable knowledge of the aims and problems of pharmacy and gives every indication that he will be a useful friend to the profession in the future, working in conjunction with the Society's adviser on the Government benches, Mr Eric Ogden.

OPEN SHOP

A Christmas boom lifts the gloom

This is the first in a new series under the Open Shop title. Each article will be contributed by a member of a representative panel of retail pharmacists (see Comment, p3) who will report on current trading activity in their own businesses. The article below comes from the manager of a major multiple High Street pharmacy in the London area.

It was harder than usual this year to get straight after Christmas, with a rather longer holiday for the staff breaking up the working week. Still, the shop looks reasonably straight now, the New Year "special offers" providing a foundation upon which to alter the display arrangements.

Once again I was pessimistic when placing orders for Christmas merchandise, and this caution has resulted in a gratifyingly small number of seasonal remainders—though the thought does arise that we must have lost many sales from the low stock level in the last few days. After having to lose quite a lot of money during the summer by selling off an overstock of Scholl sandals at greatly reduced prices, I think on balance the policy I adopted will prove to be right. Reports from the district around indicate that the traditional type of pharmacy did quite well, but it was pretty obvious when doing one's own shopping that the multi-department stores were not busy.

Even though we have missed a real 'flu outbreak so far, chemists' business continues to increase steadily, increasingly due, I think, to the total inaccessibility of many of our local GPs. The appointment system does seem to drive patients to seek advice and medicine from us, especially at weekends and Bank Holiday times. On both Christmas and Boxing Day rotas all the prescriptions dispensed had been issued by a GP relief service—not a single one had been given by our numerous local GPs who had not been available since the previous Friday evening, as many of them have discontinued Saturday morning surgeries.

Supply difficulties

The difficulties in actually obtaining our drug supplies seem to be getting worse rather than better; the best we can hope for is about 90 per cent of the goods we order actually arriving. Our own warehouse is quite good apart from an increasing number of assembly errors, but their stock range is limited and we use our local wholesalers increasingly for urgent medical items, usually of an uncommon nature. Fortunately my local independent colleagues are very helpful when promised items do not arrive—as indeed we also try to be. Such local goodwill does help with difficult situations. I suppose one alternative would be to increase dispensary stocks, but with a tight "stock allowance" dictated by head

office this is just not possible with the ever changing pattern in dispensing. I am sure every pharmacy in the land has at least one local GP who prescribes the latest new thing for a week or two, then drops it and either goes back to his time-tested originals or switches to a product from the latest persuasive representatives.

Looking at some of the dusty antiques on the upstairs shelves I wish a plague on both their houses! It would help if representatives had the courtesy to call *before* calling on the local surgeries so we had warning of such changes. Still, since they have even lost the habit of glancing up at one's certificate and then being able to address one by name, such

courtesies are no longer to be hoped for. One more thought on "reps"—where do all the very young ones go to? There seems to be a new face each time with many of the drug houses, with hardly a chance to get to know them before they are replaced (promoted or sacked?).

We are coming on rather bad times with most of the "reps" from the perfume and cosmetic houses. One of them we no longer deal with because of over-enthusiastic selling of their goods—even to the extent of adding items to an order once it was placed! The other main houses have accepted our attitude of only ordering the goods we actually want, and after a brush or two no longer add on items we haven't ordered. But in obviously hard times they seem a little desperate to increase their orders, and undue pressure on an inexperienced girl to order heavily is not unknown. It is hard enough to battle in business as it is, without having to fight a running battle with our suppliers.

Even though I am still a pessimistic character, I am sure this year will be slightly better than the last. But it will be even harder to keep our customers satisfied, our head office also satisfied, our local doctors in some semblance of co-operation and our staff in a state just short of actual mutiny!

Good year for promotions

M. S. Surveys and Promotional Services Ltd believe that 1977 will have proved something of a "boom" year, if every kind of promotion is taken into account. Promotions have been running at around 15 per cent above 1976.

This is a measure of the upsurge of "tailored-to-fit" promotions arranged by the supermarket groups (including Boots and Woolworths), especially since June when Tesco stopped stamps and started price-cut promotions.

If only those promotions open to all stores are taken into account, the likelihood is that 1977 will have been down by about 13 per cent. For that was the situation when November came to an end. During that month, the chemist group of products included a number of open-to-all promotions, which are shown in the table at the foot of the page with the 11 month percentage difference.

The importance of "tailored" promotions to this five product category range can be seen from the following figures which set out the number in November:

Toiletries	12
Hair preparations etc,	11
All medicinal products	3

All 26 special promotions covered national brands and were not "own

labels". By definition, these promotions were not offered generally to the retail pharmacist.

Provisional figures for 1977 will be possible next month (the comprehensive report *Promotion 77* will probably not be available until mid-March) and there is every prospect that it will be called a "turning-point" year. Certainly it was the year in which the "tailored" promotion came into its own.

The reasonable prediction is that things will continue that way this year. Although the promotional intensity of the big supermarket competition may diminish it will be compensated to some extent at least by an effort to recover lost ground by the symbol grocery groups. Two chemist group categories will certainly be involved in first quarter promotions.

Where there is more or less bound to be a reduction in promotional activity next year is in the flow of new products. Down to the end of November, the all-products percentage advance was 46 over 1976. Only two of the chemist group failed to show increases—hair preparations and all medicinal products—and the shortfall for both was so slight that the December returns may produce changes from minus to plus.

Product group	November promotions	% Difference
Baby foods	8	-33
Toiletries	150	+1
Cosmetics	7	+68
Hair preparations and shampoos	26	-28
All medicinal products	1	-67

COMPANY NEWS

Ciba-Geigy to have 80 pc control of Alza

The agreements relating to the proposed acquisition of control of Alza Corporation by Ciba-Geigy Corporation (*C&D*, September 24, 1977, p456) have now been signed. Ciba-Geigy are to invest \$30m in a new Alza convertible preferred stock and also pay a minimum of \$15m over a five-year period for research programmes to incorporate drugs of their selection into Alza's delivery systems. The preferred stock would be convertible upon payment of an additional \$5m (or in certain circumstances \$10m) into a new class of Alza common stock, giving Ciba-Geigy 80 per cent of the voting power of Alza.

Under the agreements Ciba-Geigy will have exclusive rights to Alza technology and will manufacture certain Alza products in the USA and, subject to existing international agreements, in other countries. Present plans are for Ciba-Geigy to market the Ocusert system for glaucoma, and for Alza to manufacture and market other current Alza products.

'Disappointing' first half for Philip Harris

Turnover of Philip Harris (Holdings) Ltd in the six months to September 30 amounted to £4.4m (£4.3m in the same period of 1976). Pre-tax profit was £276,169 (£330,209). The directors describe the results as "disappointing."

They say that a rise in home sales had been offset by a fall in exports, which had not reached the anticipated budget for the six months, due partly to difficulties with letters of credit. Although a high volume of orders had been received, economic conditions both at home and overseas had resulted in a decline in average order value and a consequent further squeeze on operating margins. However, with the volume of orders on hand, the second six months were expected to show a significant improvement in profits.

Wellcome's Japanese agreement

Wellcome Foundation Ltd, together with their Japanese subsidiary, Nippon Wellcome KK, have signed a set of agreements with Sumitomo Chemical Co in Osaka setting up a joint venture for the marketing of Wellcome human pharmaceutical products in Japan. This arrangement will take effect from February.

Sumitomo will be responsible for the distribution of Wellcome human medical products throughout Japan and carry out sales promotion activities in East

Japan, complementing Nippon Wellcome's sales force which will be responsible for West Japan. Sumitomo have also undertaken to manufacture in Japan on behalf of Wellcome and to work closely with Nippon Wellcome on marketing and sales promotion activities.

Wilkinson match to be controlled by US steel company

Swedish Match have sold for about £16.9m their 29 per cent holding in Wilkinson Match to Allegheny Ludlum Industries, a speciality steel company based in Pittsburgh. This means that control of Wilkinson Match will pass to Allegheny, subject to approval by shareholders at an extraordinary meeting to be held in February (at which Allegheny will not vote).

At the same time Wilkinson are taking over True Temper, a subsidiary of Allegheny manufacturing garden tools. Allegheny state that they do not intend to make a bid for the remaining Wilkinson Match shares.

Eaton goes European

On January 1 the European regional headquarters of Eaton Laboratories were transferred from Brussels to Woking, coinciding with the retirement of Mr Stan Fenwick as European regional director. He is succeeded by Mr David C. Renton, MPS, who joined Eaton Laboratories as managing director in 1972 to set up the UK company. Mr Mark Davis, MPS, who joined the company as marketing director 18 months ago, has been appointed managing director.

Briefly

Imperial Chemical Industries Ltd have filed a registration statement with the United States Securities and Exchange Commission, relating to a proposed public offering in the USA of \$150m of guaranteed sinking fund debentures to be offered by ICI North America Inc.

Appointments

Boots Co Ltd: Mr J. Craig, MPS, and Mr A. B. McInnes, MPS, have been appointed directors of Boots the Chemists.

Upjohn Ltd: Mr Alex Smith, FPS, has been appointed chairman and managing director. He has been with the company for 22 years.

Polaroid (UK) Ltd: Mr John Bowmer has been appointed general manager. He joined the company early in 1974 as financial controller and became amateur photo marketing manager in 1976.

D. G. Bennett Chemicals Ltd are moving on January 19 to new offices at Ashley House, 78 Portsmouth Road, Surbiton, Surrey KT6 5PT (telephone 01-390 3635, telex 928161).



Barry O'Gorman

Unichem Ltd: Mr Barry O'Gorman has been appointed branch manager of their Willesden branch. Mr O'Gorman has been with Unichem since 1972.

Robinsons of Chesterfield: Mr Robert Robinson, managing director of the dressings division, has been appointed chairman with effect from January 2. The retiring chairman, Mr Charles Robinson, is now a non-executive director.

Sparklets International BOC Ltd: Mr Michael Smithwick has been appointed managing director. He joined BOC in 1971 as marketing manager of Arc Equipment, the welding division, and was promoted to general manager in 1974.

Vestric Ltd: Mr Harry Donnelly, assistant manager of the Apothecaries branch, Glasgow, has been appointed assistant manager of the Hatrick branch, Glasgow, in succession to Mr David Stuart, who is now assistant manager of the Apothecaries branch.

Chesebrough-Pond's Ltd: Mr A. G. Gerry has been appointed managing director in succession to Mr R. G. Spear who has taken up an appointment with the parent company in the USA. Mr Gerry was previously area vice-president responsible for operations in the UK, Ireland and Africa.

Gillette Industries Ltd: Mr John Atkinson, brand supervisor of the personal care division, joined the international marketing department in Boston, USA, on January 1 as an executive staff member. Mr Geoffrey Lamb has been promoted to brand supervisor of the personal care division from brand manager in charge of Earth Born, Foamy and Right Guard, and is succeeded by Mr Alan Farrar, formerly a freelance marketing consultant.

Napcolour Ltd: Mr Frederick J. Lewis has been appointed director with effect from January 1, 1978. He joined the company 16 years ago and he has been manager of a number of laboratories, and then director of operations. He was made assistant managing director when the company joined the Charterhouse Group in May 1977. Mr Charles J. Plant, who has hitherto combined the offices of chairman and managing director, continues as executive chairman.

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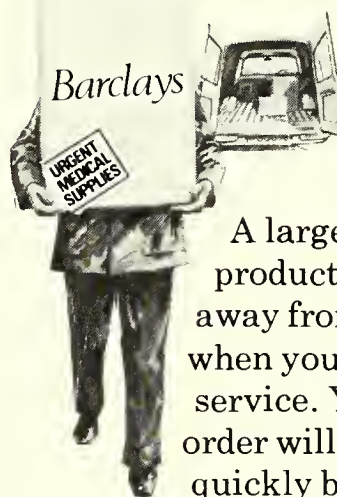
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MARKET NEWS

Pattern repeated

London, January 4: With the Christmas and New Year holidays occupying much of the time since our last market report was prepared, trading in all sections has been minimal. Little improvement is expected in the early part of the month because of the usual stocktaking that takes place about now and there are no signs that anything but the normal pattern of previous years will be repeated.

Most of the English-distilled essential oils remain in short supply but there have been improvements in a few items as prices of the raw materials eased. These included celery, clove bud and pepper. Imported buchu, caraway, American Far-West peppermint and spearmint were also off their peak. On the other side higher rates are now asked for English-distilled cassia from bark and for ginger.

During the week Sri Lanka raised the floor for Citronella by 25p a kg but spot holders did not follow to the full extent and oil is available immediately at 14p kg under the forward rate. Chinese peppermint has eased further.

American botanicals were again firmer reflecting a tighter supply position. Brazilian menthol was reduced in line with the lower dollar value.

Pharmaceutical chemicals

Acetarsol: £12.12 kg in 50-kg lots.
Acetic acid: 4-ton lots, per metric ton delivered—glacial BPC £274, 99.5 per cent £261.50; 80 per cent grade, pure £240.50; technical £224.50.
Acetone: £262 to £266 metric ton as to grade for 30-drum lots.
Adrenaline: (per g) 1-kg lots base £0.25; acid tartrate £0.20.
Aloin: 50-kg lots £18.05 kg.
Aluminium chloride: Pure 50-kg lots £0.9813 kg.
Ammonium acetate: BPC 1949 crystals £0.7378 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 200-kg lots.
Ammonium bicarbonate: BPC £160.70 metric ton, ex-works, in 50-kg bags.
Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.
Ammonium tartrate: Commercial £1.56 kg in 50-kg lots.
Amylobarbitone: Less than 100-kg lots £10.57 kg; sodium £11.71.
Ascorbic acid: (Per kg) £6.94; 5 kg £5.94; 25-kg £5.44 sodium ascorbate, as for the acid; coated, £7.14, £6.14, £5.64 respectively. Calcium ascorbate £7.49, £6.49, £5.99 respectively for same quantities.
Aspirin: 10-ton lots £1.31 kg; 1-ton £1.39.
Atropine: (Per kg in 1-kg lots) Alkaloid £133.70; methonitrate £102, methylbromide £124.40, sulphate £94.50.
Benzoic acid: BP in 500-kg lots, £0.721 kg.
Benzocaine: BP in 50-kg lots, £4.49 kg.
Blotin: Crystals £6.66g; £4.91g in 50-g lots.
Bismuth salts: £ per kg
Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £199; powder £217; extra fine powder £227.
Boric acid: EP grades per metric ton in 2-4 ton lots for British material—granular £255; crystals £342; powder £277.

Crude drugs

Agar: £5-£5.25 kg spot for Spanish-Portuguese.
Aloes: Cape £1,170 ton spot; £1,100, cif. Curacao £2,225, cif.
Balsams: (kg) Canada: steady at £11.40 spot; £11.20 cif. Copaiba: no spot; £1.95 cif. Peru: £6.08 spot; £5.95 cif. Tolu: £4.40 spot.
Belladonna: (metric ton) Leaves £2.10 kg spot, £2 cif. Herb and root. No offers.
Benzoil: Block £102 cwt spot; £101, cif.
Buchu: Rounds £1.95 kg spot; £1.90, cif.
Camphor: Natural powder £5.25 kg spot; shipment £5.25 cif.

Cardamom: Alleppy green £8 kg. cif.
Cascara: £1,000 metric ton spot; £990, cif.
Cherry bark: spot £1,050 metric ton; £1,000, cif.
Chillies: New Guinea birdseye £2,000 metric ton.
Cinnamon: (cif) Seychelles bark £430 metric ton, Ceylon quills 4 o's £0.81 lb; featherings £335 metric ton.
Cloves: Madagascar or Comores £3,750 metric ton, cif.
Cochineal: Peruvian silver-grey £15 kg spot; £14.50, cif. Tenerife black £17.50, cif.
Dandelion: New crop for shipment £1.45 kg cif.
Ergot: Portuguese-Spanish £1.80 kg spot; £1.40, cif.
Gentian: Root £1.43 kg spot; £1.40 cif.
Ginger: Cochin new crop £1,050 metric ton, cif. (Jan/Feb), Jamaican withdrawn: Nigerian split £1,200 spot; peeled £1,400 spot.
Henbane: Niger, £1,010 metric ton spot; £990 cif.
Honey: (per metric ton in 6-cwt drums, ex-warehouse) Australian light amber £695; medium £668; Canadian £800; Mexican £642.
Hydrastis: (kg) £10.30 spot; £10.20, cif.
Ipecacuanha: (kg) Costa Rica £9.90, cif, afloat.
Jalap: Brazilian no spot; shipment £1.30 kg, cif.
Kola nuts: £430 metric ton, cif, nominal.
Lanolin: BP in 1-metric-ton lots £0.92 per kg.
Lemon peel: Unextracted £1,450 metric ton spot; shipment, £1,400, cif.
Liquorice root: Chinese £400 metric ton cif. Russian £350 spot; £340 cif, new crop. Block juice £147 per 100-kg spot. Iranian spray-dried £1.65. Mexican 15% £1.65, cif, nominal.
Lobelia: American £1,210 metric ton spot; European £1,100 spot; £1,080, cif, shipment.
Lycopodium: Russian £5.20 kg. cif. Indian £4.50
Mace: Grenada unsorted £2,150 ton, fob.
Menthol: (kg) Brazilian £8.75 spot; £8.60, cif. Chinese £8.75 in bond; £9, cif.
Nutmeg: (per ton, fob) Grenada 80's £1,650, unsorted £1,490; defectives £1,250.
Nux Vomica: No spot; forward £250 metric ton, cif.
Pepper: (ton) Lampong black £1,400 spot; £1,280 cif. White £1,900 spot; £1,780 cif.
Pimento: Jamaican £1,100 metric ton, cif.
Podophyllum: Root metric ton, cif, nominal.
Quillaia: Spot £1.15 kg; £0.95, cif.
Rhubarb: Chinese rounds 60 per cent pinky £4.00 kg, cif.
Saffron: No offers.
Sarsaparilla: Mexican £1.65 kg, cif; no spot Jamaican £1.88 spot; £1.85, cif.
Seeds: (metric ton, cif) **Anise:** China star £8.40 nominal. **Caraway:** Dutch £900. **Celery:** Indian £750. **Coriander:** Moroccan £680 (Dec-Jan); Indian £560. **Cumin:** Egyptian £1,030; Turkish £1,040 Iranian £1,100. **Dill:** £180. **Maw** £550.
Senega: (kg) Canadian old crop 13.40 spot; new crop £13, cif.
Senna: (kg) Alexandria pods, hand-picked scarce at form £2, hp, upwards; manufacturing £0.65. Tinnevely leaves No 3, £0.27; pods; faq £0.27 hand picked £0.40 ex warehouse.
Squill: Italian new crop £650 metric ton, cif. Indian £240, cif.
Styrax: Turkish natural £4.30 kg spot, £4.20, cif.
Tonquin beans: £4.10 kg spot, no shipment offers.
Valerian: Pakistan root £1,280 metric ton spot; £1,250 forward; European £2,000; £1,950 forward.
Turmeric: Madras finger £700 ton, cif; new-crop £550 cif.
Witchhazel leaves: Spot £2.90 kg; £2.80, cif.

Essential oils

Almond: Sweet in drum lots £1.15 kg duty paid.
Anise: (kg) Spot £14.85; shipment £14.85, cif.
Bois de rose: Spot £7.25 kg; shipment £7, kg.
Buchu: South African £120 per kg spot; English distilled £220.
Cade: Spanish £1.25 kg.
Camphor white: £0.85 kg spot; £0.90 cif.
Caraway: Imported £20 kg spot.
Cardamom: English-distilled £375 kg.
Cassia: Shipment £56 kg, cif, nominal, English distilled from bark £140.
Cedarwood: Chinese £1.20 kg nominal spot; £1.35 cif.
Celery: English distilled £52-£55 kg.
Coriander: Russian about £20 kg.
Citronella: Ceylon £1.40 kg spot; £1.54, cif; Chinese £2.20 spot; and cif.
Clove: Madagascar leaf, £2.20 kg spot; and cif. English-distilled £47.50.
Eucalyptus: Chinese £2.10 kg spot; £2.25, cif.
Fennel: Spanish sweet £10.50 kg spot.
Geranium: (kg, cif) Bourbon £38.70. Chinese £26.35.
Ginger: £90 kg spot.
Lavender spike: £13.50 kg cif.
Lemon: Sicilian best grades about £14-£15 kg.
Lemongrass: Cochin £5.40 kg spot; £5.10, cif.
Lime: West Indian £11.75 kg spot.
Mandarin: £15.50 kgspot.
Olive: Spanish £1,375 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,360; Tunisian not offering.
Orange: Florida £0.65 kg; Brazilian £0.50.
Origanum: Spanish £14.75 kg spot for 70 per cent.
Palmorosa: No spot offers; £7.40 kg, cif nominal.
Patchouli: Chinese £12 kg spot; shipment not offering.
Pennyroyal: £10.50 per kg spot.
Pepper: English-distilled ex-black £140 kg.
Peppermint: (kg) Arvensis—Brazilian £4.75 spot; Shipment £4.50, cif. Chinese £4.40 spot and cif. Piperata, American Far-West from about £22, cif.
Rosemary: £5.75 kg spot.
Sandalwood: Mysore or East Indian £60 kg spot.
Sassafras: Chinese £2.95 kg spot. Brazilian £2.20, cif.
Spearmint: (kg) American Far-West £15. Chinese spot £13, shipment £12.90, cif, nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, January 9

Barnet Branch, Pharmaceutical Society, Barnet postgraduate centre, at 7.15 pm. Mr G. Cooke on "Astronomy".
Harrow & Hillingdon Branch, Pharmaceutical Society, Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow, at 7.30 pm. Mr G. E. Appelbe (deputy head, law department, Pharmaceutical Society) on "The Medicines Act and its implications."
Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, City Hospital, Hucknall Road, Nottingham, at 8 pm. Dr G. Walker (clinical pathologist) on "Drug interference with chemical tests."

Tuesday, January 10

Chelmsford Branch, Pharmaceutical Society, Medical library, Princess Alexandra Hospital, Harlow, at 8 pm. Dr M. A. B. Barrie (consultant neurologist) on "Epilepsy".
Galen Group, Croydon, Friends' Meeting House, Park Lane, Croydon, at 8 pm. Miss L. M. Hosegood on "Art galleries round the world".
Lanarkshire Branch, Pharmaceutical Society, Nurses recreation hall, Strathclyde Hospital, Motherwell, at 7.30 pm. Professor W. Watson Buchanan (Baird Centre for rheumatic diseases) on "Current aspects of rheumatology".

Wednesday, January 11

East Metropolitan Branch, Pharmaceutical Society, Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead E11, at 7.30 pm. Kenneth Clarke MP (parliamentary adviser to the Pharmaceutical Society) on "Pharmacy and government".
Mid-Glamorgan Branch, National Pharmaceutical Association, Hawthorn leisure centre, Hawthorn, Treforest, at 8 pm. Mr Dengar Evans (member of board, NPA) on "The NPA as I see it."
Scottish Department, Pharmaceutical Society, Society's House, 36 York Place, Edinburgh, at 7.45 pm. Professor D. H. Lawson (department clinical pharmacology) on "Monitoring for adverse drug effects."
South West Metropolitan Branch, Pharmaceutical Society, Lecture theatre A, St George's Hospital medical school, Tooting, London SW17, at 7.30 pm. Mrs Estelle Leigh (president, Pharmaceutical Society) on "Current problems of pharmacy".
Southampton Branch, Pharmaceutical Society, Pharmaceutical Society headquarters, 1 Lambeth High Street, London SE1, at 1.30 pm. Tour followed by supper at Houses of Parliament.
West Metropolitan Branch, Pharmaceutical Society, and **National Pharmaceutical Association,** Great Western Royal Hotel, Paddington Station, London W2, at 7 pm. Mr Alan Smith (Chief executive, PSNC) on "Planned distribution."

Thursday, January 12

Glasgow and West of Scotland Branch, Pharmaceutical Society and Scottish Pharmaceutical Federation, McCance Building, University of Strathclyde, at 7.45 pm. Mr James Stewart on "Over the counter".
Hull Chemists' Association, Postgraduate centre, Hull Royal Infirmary, at 7.45 pm. Dr J. K. Gosnold (consultant in emergency services) on "The accident and emergency department."
Leeds Branch, National Pharmaceutical Association and Pharmaceutical Society, Golden Lion Hotel, Lower Briggate, at 8 pm. J. Charlton (secretary PSNC) on "Reminiscences".
Swindon Branch, Pharmaceutical Society, Room 4, Wyvern Theatre, Swindon, at 8 pm. Councillor Eric Hodges on "New roles in the NHS."

Advance information

Industrial Pharmacists Group, January 18, Pharmaceutical Society's headquarters, 1 Lambeth High Street, London SE1, at 11 am. Meeting on "Good laboratory practice". Application forms and fee (£8.10) to Mr R. E. Marshall, department of pharmaceutical sciences, Pharmaceutical Society.
Seminar on learning by self-instruction in the distributive trade, February 14, Sheffield City Polytechnic. For managers and trainers from shops, supermarkets and other retail outlets. Further information from the instructional technology unit, department of education services, Sheffield City Polytechnic, 36 Collegiate Crescent, Sheffield S10 2BP.

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For Sale

ETERNAL YOUTH Marble soap, hand made of special oils to give eternal baby soft skin. £3.36 per dozen wholesale, Summerwell Ltd., 102 New Bond Street, London W1. Phone: 01-629 2931.

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Classified Advertisements

Appointments

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Lon (UK) Ltd, distributors of Organic Aid and West Cabot Vitamin 'E' products to leading Chemists and Department Stores have a unique opportunity for a 23-28-year-old sales representative to join and progress with their expanding company. Applicants should preferably have Toiletries/Cosmetic company experience, and reside within a 25 mile radius of central London.

The Company offers a good basic salary, together with Commission and Incentives to give total earnings anticipated in excess of £4,000, in the first year. A Company car and expenses are provided. Initial interviews will be held early in January.

Applicants (male or female) should forward a brief resume of their careers to date to:—**Terry Deavall, General Manager, Lon (UK) Ltd., 19 Powis Terrace, London W11. Tel: 01-229 1488.**

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Toiletries Chemist

Hugo House Beauty Products Limited is a rapidly expanding and successful private company engaged in the manufacture and distribution of toiletry and hairdressing products to national supermarkets and wholesale hairdressers.

The company, which is located in West Yorkshire, plans to further expand its activities and wishes to appoint a chemist whose experience includes product development and processing of hair care, beauty and cosmetic products.

The successful applicant, aged 30 to 45 will be a qualified chemist and have experience of processing and testing beauty products.

Salary and conditions are negotiable and there are excellent career opportunities within the company. Assistance will be given with relocation expenses where appropriate.

Please apply in confidence with career details to date, quoting ref: TM126 to:

Brian Jones,
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Pulmo Bailly is not like other cough remedies. For a start, its formulation is so strong that it needs to be diluted with water.

It's a Part 1 medicine so it can only be sold through chemists and cannot be displayed within easy reach of customers.

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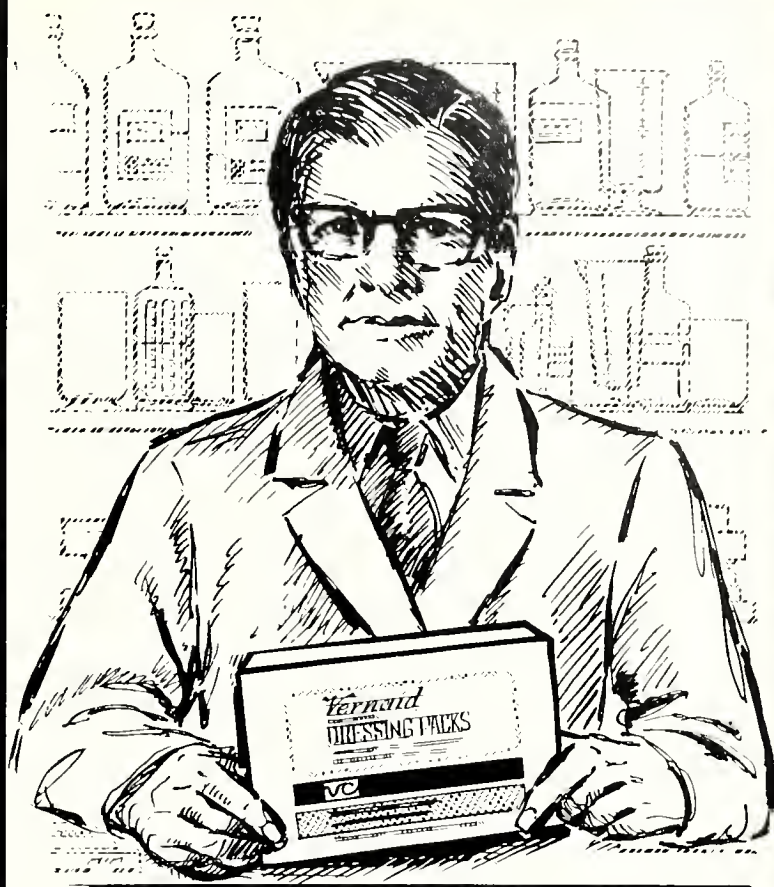
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